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CUTANEOUS BLASTOMYCOSIS;
H. R. Varney, M. D.; - - - - - 73

ETIOLOGY, PREVENTION AND TREATMENT OF PUERPERAL MASTITIS;
Adeline E. Gurd, M. D.; - - - - 76

ORGANIC STRICTURE OF THE MALE URETHRA;
W. A. Hackett, M. D.; - - - - 78

ALCOHOL AND ITS EFFECTS ON THE SYSTEM;
Edward T. Milligan, M. D.; - - - - 81

EDITORIAL; - - - - - - 85

EDITORIAL NOTES; - - - - - 91

NEW INSTRUMENTS AND DEVICES; - - 94

PROGRESS OF MEDICAL SCIENCE; - - 97

NOTES; - - - - - - 102

BOOK REVIEWS; - - - - - 106

ADVERTISING INDEX; - - - - XI

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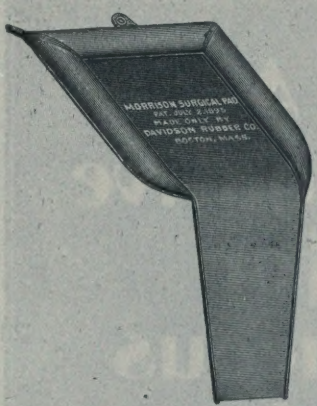

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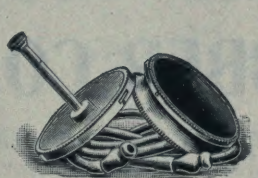

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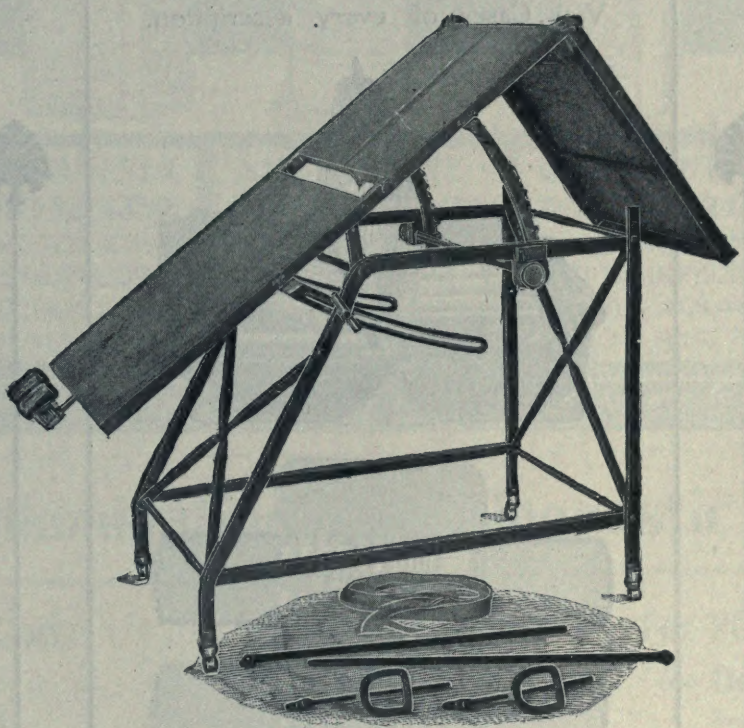

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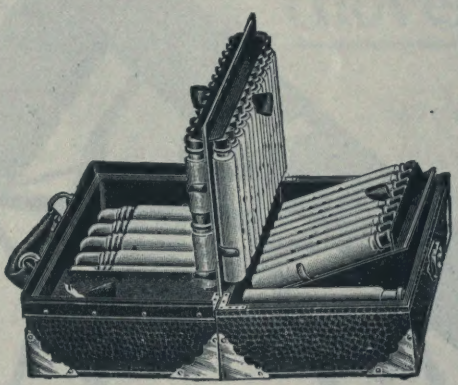

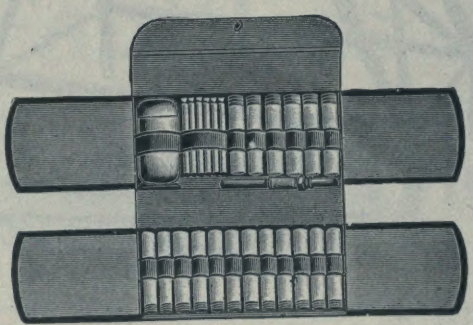

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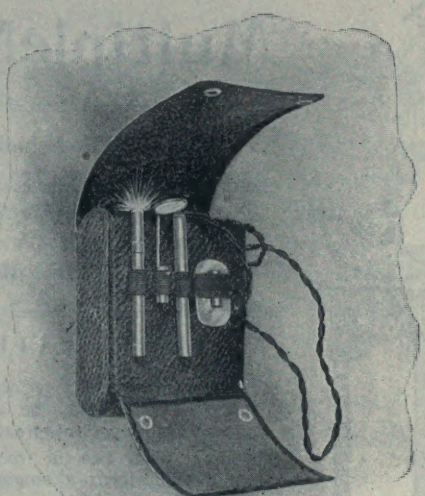

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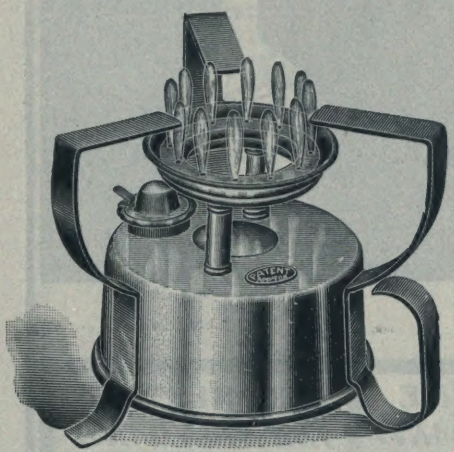

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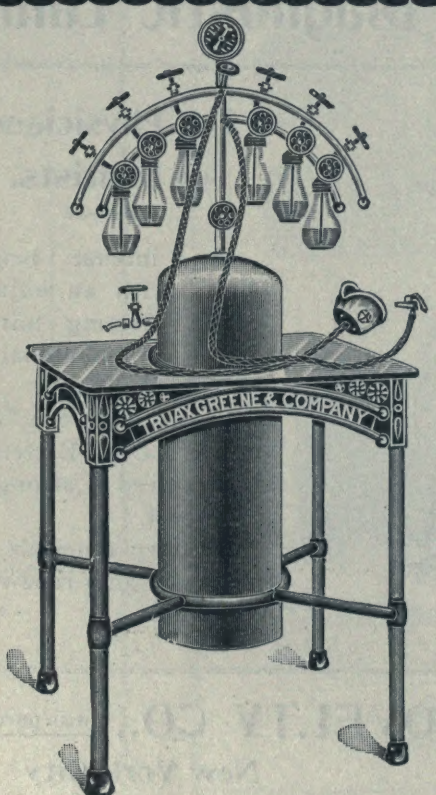

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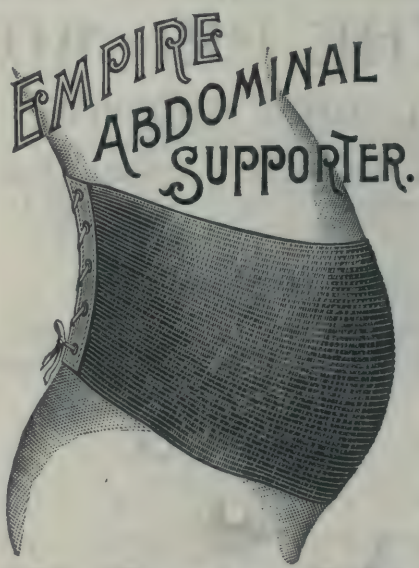
INDEX TO ADVERTISERS.

Abbott Alkaloidal Co.....XXXIV
Albasulphidi XXVIII
Ambulatory Pneumatic Splint Mfg. Co..XVII
American Endoscopic Co.....XXI
Baker, J. R. & Sons Co.....XX
Becton, Dickinson & Co.....XXIX
Biogen Co., The.....XXX
Bovinine Co.....Inside Front Cover
Carliczek, Ottomar Co.....XXVI
Carpenter Chemical Co.....XX
Castle, Wilmot & Co.....III
Chesterman & Streeter.....XX
Chloride of Silver Dry Cell Bat'ry Co...XX
Columbus Pharmacal Co.....V
Crittenton, The Charles N. Co.....XVIII
Davidson Rubber Co.....II
Denver Chemical Mfg. Co.....IX
Detroit & Buffalo Steamboat Co.....XXIV
Dios Chemical Co.....VII
Electro-Therapeutic Mfg. Co.....XXII
Empire Mfg. Co.....XII
Engeln, H. P. & Co.....XIV
Faultless Rubber Co.....IV
Fellows, Mr.....XXXVI
Franco-American Chemical Works....XXVI
Fries Bros.....XXXV
Glogau Co., The.....XVII
Goodrich, The B. F. Co.....XVII
Grosvenor, The J. M. Co.....XXXIII
Hartz, The J. F. Co.....XIX, XXVII, XXIX
Hastings & McIntosh Truss Co.....XIV
Howard Electric Novelty Co.....VII
Hussey, E. J. & Co.....XI
Iron Mountain Route.....XXVII
Johnson & Johnson.....Inside Back Cover
Kny-Scheerer Co.....XXIII
Kress & Owen.....I
Lambert Pharmacal Co.....Back Cover
C. Leidich.....XXIV
London, G. G.....XXIV
Marks, A. A.....III
McIntosh Battery & Optical Co.....XXXV
Nelson, Baker & Co.....XXV
Olds Motor Works.....XIII
Park View Sanatorium.....XXIV
Pilling, Geo. P. & Son.....III
Polk, R. L. & Co.....XXXV
Ray Chemical Co.....XVIII
Scheidel, W. & Co.....XVI
Smith, M. H. & Co.....X
Static Machine for Sale.....XI
Stearns, Frederick & Co.....XIX
Tagliabue, Charles J.....XXXIII
Truax, Greene & Co.....VIII
Upjohn Co.....XV
Van Houten & Ten Broeck Co.....XXXII
Young, F. E. & Co.....XVII
Victor Electric Co.....XXXI
Wayne Hotel XVII
Western Leather Mfg. Co.....VI
Woman's Hosp'l of the State of Mo...XXXVI



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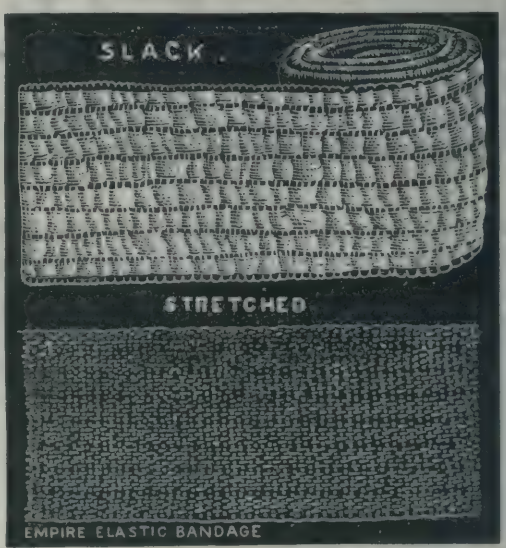

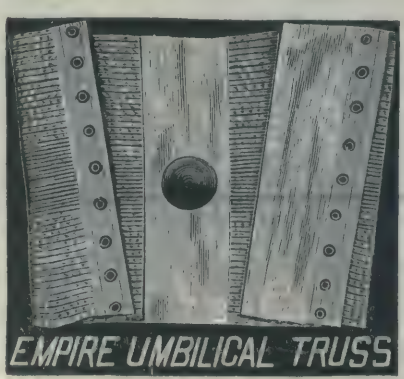

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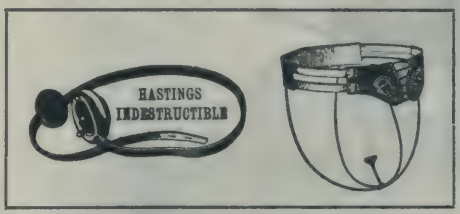

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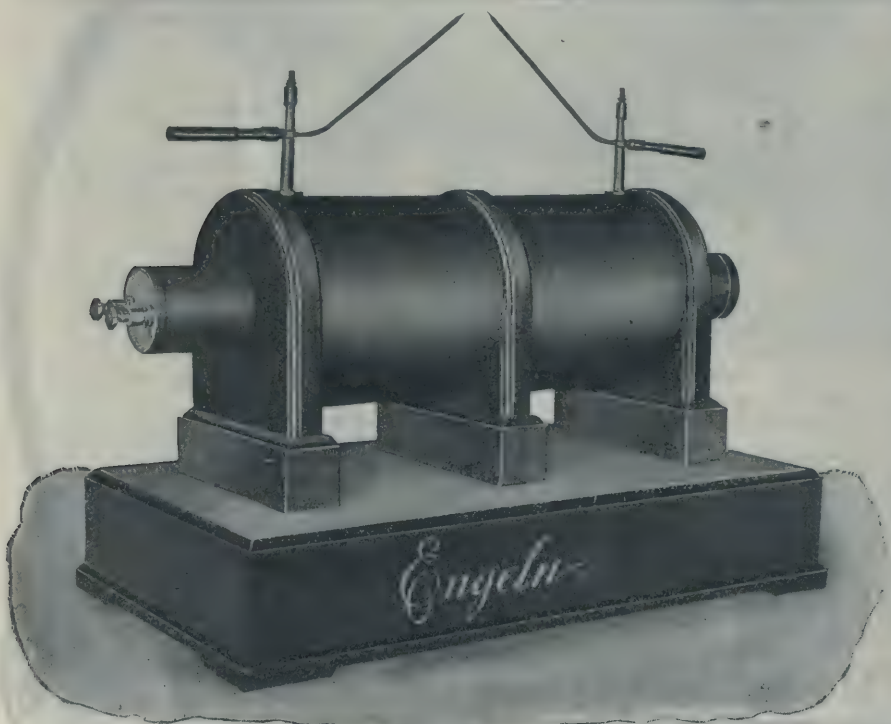

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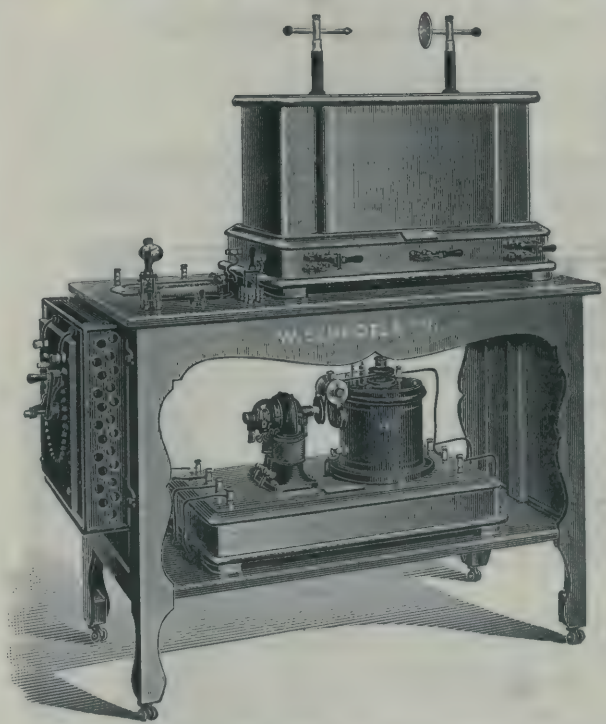

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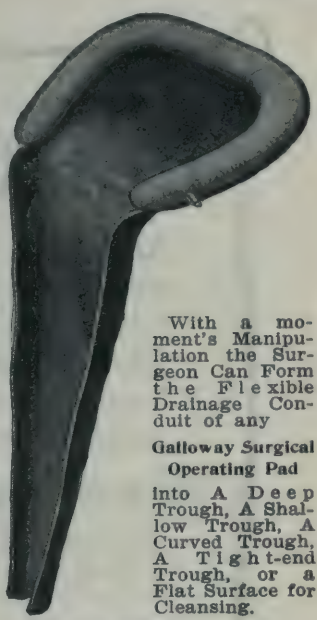

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THE DETROIT MEDICAL JOURNAL.

VOL. III. JUNE, 1903 No. 3.

CUTANEOUS BLASTOMYCOSIS.*

BY H. R. VARNEY, M. D.,
Clinical Instructor in Dermatology, Detroit College of Medicine; Dermatologist Harper Hospital Polyclinic; Dermatologist Dearborn Retreat; Radiographist and Radio-Photo-Therapeutist, Harper Hospital.

Reporting a case of this rare skin affection, with photographs, may assist the general practitioner in clinically recognizing a disease that may prove less rare than has generally been supposed; cases having been reported, in our state, by Drs. A. E. Carrier and Newton Evans, during the past year.

Mr. S., aged 50, farmer, general health good; no history of tuberculosis nor syphilis. Eczema on the affected hand for thirteen years. Disease began as a hard growth under the skin, on the back of the hand. The patient thought it was a boil, and applied poultices. After these were removed, the growth resembled an infected wart. The lesion then became chronic, with no response to local medications. After three years, the patient consulted a physician who diagnosed it as epithelioma, and applied arsenical paste, which completely healed the primary lesions. Within a few months, other lesions broke out on the hand and forefinger, and continued to increase. Disease had existed about four years when the photograph was taken. Three active, characteristic lesions on the forefinger are to be seen, and nodules on the wrist, that had not broken down.

The lesions were elevated about three-eighths of an inch above the normal skin, and the surfaces covered with irregular, papilliform elevations resembling a wart or cauliflower, and separated by fissures or clefts which were filled with seropurulent secretion that could be oozed out on slight pressure, with no pain, except when injured.

Upon close inspection, with the assistance of a magnifying glass, small pinhead abscesses could be seen, from which, when punctured, mucopus exuded. From this secretion, the organism could best be obtained in pure culture. The course of the disease was chronic. The lesions shown had existed for more than a year, except the nodule on the wrist, which had developed within a month. All the lesions were very characteristic of the disease.

Patient entered the hospital, and the lesions were thoroughly curetted, under chloroform, and increased doses of iodide of potassium were given internally. X-Ray irradiations were given every other day, locally, to produce quick, and more perfect healing. Patient is now in excellent health, and has good use of hand, with thus far, no signs of a recurrence. The treatment covered a period of three weeks, and the patient has been discharged about three months.

Pathological sections were sent to the Clinical Laboratory and great numbers of the organisms and stages of budding

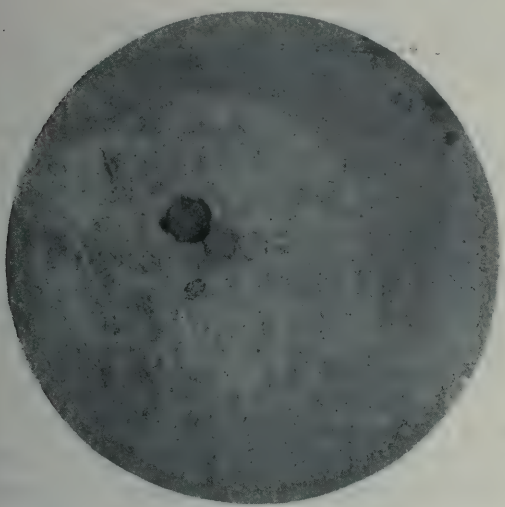
*Written for the Detroit Medical Journal.
Detroit, Mich., June 15, 1903.

Hand before Treatment. Note characteristic lesions on finger, and nodules on the wrist.

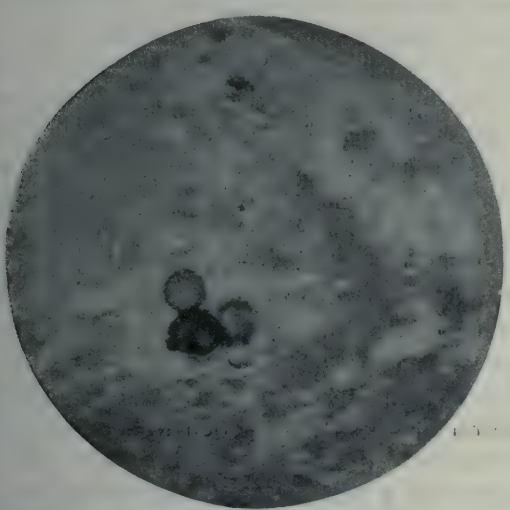
Hand after Three Weeks' Treatment.

were found, as shown in the micro-photograph.

The origin and course of the disease are similar to other local infections, with a



Cutaneous Blastomycosis. Budding Organism, with Vacuole. X 600. (Varney.)



Cutaneous Blastomycosis. Budding Organism. X 600. (Varnev.)

chronic course, attacking adult life, more common in males, and located upon regions most liable to be locally infected, as hands and face. It is most common among farmers.

The recognized cause of this disease is the entrance into the skin structure of a yeast fungus, through trauma or fissures of eczema, which, I think, was the path of entrance or implantation in the case which I report.

A clinical picture of a typical lesion of this condition differs from any other dermatoses and should be readily diagnosed.

The surest means of clearing up a doubt in diagnosing this disease, is to take a culture or small section of the growth and examine it histiologically, when characteristic organisms (Blastomycetes) and budding may be seen.

The disease responds to treatment, yet systemic conditions may occur, as in cases reported by Drs. Hyde and Montgomery, of Chicago; therefore, treatment must be prompt and thorough.

420 Woodward Avenue.

New System of Treatment in Pulmonary Phthisis.—In the *Lancet*, Dr. Turner describes a new method of treatment for this malady, which would seem to offer certain therapeutic advantages. The author's system of treatment consists in the external application of cod-liver oil and creosote, together with electricity and massage. The patient, after being hardened by repeated cold spongings for several days, lies on a couch, all clothing being removed. The body is first sponged with a weak solution of sodium bicarbonate, and then the oil solution is thoroughly rubbed in all over the trunk, the process taking a quarter of an hour. The solution employed consists of a mixture of four drachms of creosote or guaiacol, one drachm of oil of citronella, and cod-liver oil to make up four ounces. The author cites four cases treated by this method, in all of which marked improvement took place.

The June issue of the *International Medical Magazine* will be devoted to a symposium on Hyperchlorhydria, with Profs. Ewald, von Noorden, Rosenheim, Hemmeter and Turck as contributors, among many others. It should prove an unusually interesting number.

ETIOLOGY, PREVENTION AND TREATMENT OF PUERPERAL MASTITIS.*

By ADELINE E. GURD, M. D.,
Detroit, Mich.

In the brief time allotted me for the consideration of the cause, prevention and treatment of puerperal mastitis, I have found it impossible to enter into the details of the interesting and conclusive experiments and investigations, by which the anatomists and pathologists have made clear the etiology of mastitis. You will, therefore, pardon me if I speak, apparently, in a dogmatic manner, premising only that I advance no theories which have not been established by scientists of recognized standing.

Permit me to recall to memory, very briefly, a few anatomical points, a knowledge of which is necessary for the clear understanding of the etiology of mastitis, and which furnish us, therefore, the plainest indications as to prevention and treatment of the affection.

The mamma is a compound acinus gland, composed of from fifteen to twenty lobes, with their quota of lobules and acini. The milk from each lobe is collected by a single milk-duct which passes directly to the nipple and opens upon it. These, however, undergo a dilatation under the areola, attaining a calibre of 1-6 to 1-4 inch in diameter, affording a temporary reservoir for the milk, then constricting suddenly at the edge of the nipple, reducing the diameter to 1-40 to 1-100 of an inch.

The arterial and venous supply is very free and the lymphatic extremely so, the lymphatics from the skin forming a close subareolar plexus and then joining the deeper lymph-channels and passing to the axillary glands, while those from the deeper portions of the gland are directed partly to the axillary glands and partly to the chain of lymphatics behind the sternum.

Etiology.

The direct cause of puerperal mastitis is undoubtedly microbic infection, and the modes of entrance are,—

1st. By the lymphatics; by far the greater number of cases are due, in all probability, to erosions or fissures on or near the nipple; the lymphatics being thus opened directly to infection.

2nd. Through the milk-ducts. It was for a time considered impossible for infection to pass up against the current of the milk, but repeated experiments and observations have shown that such a course of affairs is possible, and many observers now consider this path for the infection more frequent than that of the lymphatics.

Lastly. Through the general circulation.

As accessory and predisposing factors in causation there enter many conditions which were formerly thought to be directly causative; such as blows on the breast, exposure to sudden changes of temperature, and moisture; severe mental or bodily strain; stasis of milk; debility from any cause; in fact, any condition or conditions which lower the resistance of the system to infection. But above all, a neglected and abraded nipple, with the lack of surgical cleanliness, offers the most fertile field for infection.

Prevention.

The course to pursue to prevent puerperal mastitis is clearly indicated by a consideration of the etiology.

The preventive treatment should be begun at least one month before expected labor, especially in primiparæ.

The nipples should be massaged gent-

*Read before theWayne County Medical Society, April 30, 1903.

ly, daily, thereby accustoming them to a certain amount of traumatism. If they are retracted, endeavor to draw them out. If sensitive, apply mild astringent lotions followed by the application of an aseptic oil, preferably to me, olive oil; always enforcing the strictest cleanliness.

A few hours after child-birth, wash the breast and the child's mouth with a saturated solution of boracic acid and put the infant to the breast. Repeat this every four hours from the hours of five or six in the morning to ten or eleven p. m., until the flow of milk is established. In addition, have the breast washed after each nursing and place a small piece of sterile gauze, moistened with olive oil or castor oil, over the nipple. After the flow of milk is established, do not permit the child to nurse oftener than once in two hours and continue the details of the care of the mouth and breast as above summarized.

If the breasts become engorged and hard, some form of support should be used, either a jacket, neatly fitted, or a bandage, carefully applied, making no unequal or undue pressure. The fact that by far the greater number of cases of mastitis find their seat in the lower portions of the breast, indicates very clearly that there is a certain amount of stasis and, next to the care of the nipple, I consider the support of the breast of the greatest importance.

If, in spite of, or in the neglect of the above precautions, the nipples become tender, eroded or fissured, heal them as quickly as possible; using astringents, soothing powders, or caustics, according to the indications in the case, and remove the child from the breast for a few days, if necessary.

The careful observance of every detail in the prevention of mastitis renders the affection so rare that my experience in it has been so very slight that it is with great diffidence that I attack the last topic to be considered.

The Treatment of Mastitis.

Given a case with a history of a sudden chill, followed by an elevation of temperature, a general sense of malaise, a breast presenting one or more tender spots, which may or may not be hard, with a certain amount of discoloration of the skin;—ascertain, if possible, whether or not pus is already present, but, unless the indications of pus are very clear, temporize and institute treatment as follows:

First, systemic; giving a saline cathartic to relieve the engorgement of the breasts; aconite in small, repeated doses, to allay the fever; and opium, if necessary, to abate the pain.

Then, localizing, massage the breast very gently, but firmly and systematically, working in the line of the milk-ducts and reducing friction by the use of an emollient. Ten minutes thorough massage usually gives great relief to the patient, unless the mastitis is of the interstitial variety. As the diagnosis of the varieties is rather difficult, massage should be tried in all doubtful cases, and if it fails to decrease, or if it increases the pain and soreness, it should be discontinued. After the massage, apply a firm binder and outside of this, continuously, either ice or dry heat, whichever is best borne by the patient, leaving the breast otherwise undisturbed for one or two hours. Then repeat this process, in addition drawing a certain amount of milk, if necessary. In many cases, however, the massage, properly applied, will draw off sufficient milk to render other means superfluous.

If the patient improves, even slightly, under this treatment, continue it day and night, gradually lengthening the periods of abstention from massage, until the congestion has entirely disappeared.

If, on the other hand, the pain becomes more severe, and is heightened by movements of the arm on the affected side, if

the part is more tender, and the temperature remains elevated, with recurrent chills, a lessened flow of milk and œdema of the skin, search for pus.

In case of a superficial absess, the ordinary surgical treatment is called for, bearing in mind, however, that we should make the incision parallel with the milk-ducts. But in case the inflamed area is deeper seated, I consider the method introduced, or at all events popularized, by Dawbarn, of New York, in the early nineties, the best.

Make a half-inch incision through the skin and superficial structures, then search carefully with a grooved director until you find the pus focus. Then stretch your incision with dressing-forceps until it will admit the finger and with the finger explore the gland, breaking down pus-pockets, and if necessary make secondary openings. Press out the pus carefully and wash out gently but thoroughly with an antiseptic solution and pack with sterile gauze. Then dress the breast with every aseptic precaution and adjust a binder which will exercise firm but gentle pressure. The dressing should be untouched for from twenty-four to forty-eight hours and then re-applied as at first.

The older method of large incision and very free drainage probably shortened convalescence, but the injury to the gland structure was very serious, as many of the galactophorous ducts were cut across and thus further functionment of the gland was more or less crippled.

I consider that it is a woman's most important duty and privilege to nurse her child and I think we should avoid, as far as possible, every interference which jeopardizes her ability to do so.

305 Merrick Ave., Detroit.

ORGANIC STRICTURE OF THE MALE URETHRA.*

By W. A. HACKETT, M. D.,
Professor of Genito-Urinary Diseases, Michigan College of Medicine and Surgery, Detroit.

Organic stricture of the male urethra occurs so frequently and has so many serious complications that it is well worth considering. In this brief paper, which has been prepared on short notice, I will take up some points in the eitology and pathology, diagnosis and treatment of organic stricture.

Etiology—Strictures which are of traumatic origin correspond closely to those of the inveterate gonorrhœal type.

Reginald Harrison claims that in chronic granular urethritis there is an escape of urine into the tissues through those points where the epithelium has been sufficiently damaged. As a result there is an inflammatory exudate of lymph thrown out which ultimately becomes organized, forming stricture. This minute absorption of urinary products is responsible for a slow toxæmia, a state of affairs which has been noted by all of those who work along these lines.

When there is a marked periurethral inflammation with exudation, as in chordee, we have a beginning stricture. Its further growth and encroachment on the urethral caliber are dependent upon some irritation at this point in the canal, damaging the epithelium and permitting an escape of urine into the tissues. This irritation may be merely the mechanical effect of the urine, playing against the dam of plastic tissue set up by the periurethral inflammation. This accounts for the rapid growth of the stricture after it has encroached to a certain extent on the urethral lumen.

The essential lesion of structure is necessarily in the spongy body. Fibrous tissue is substituted for the elastic, vascular tissue, forming a compact, avascular mass, show-

*Read before the Surgical Section of the Wayne County Medical Society.

ing a tendency to retraction, atrophy and obliteration.

"Section of a stricture of the annular or tortuous variety shows a more or less imperfect ring of new inflammatory tissue, whose limits taper down gradually. This tissue is hard, yellowish-white near the lumen and darker peripherally, where the reddish islets are seen, the result of hemorrhagic infarcts, which form foci for new inflammatory changes.

"*Oberlander* has shown that the inflammatory process practically begins in the glandular recesses."

(White & Martin.)

The favorite location of "organic" stricture is in the bulbomembranous portion of the canal. The poor drainage and the sharp impingment of the urinary stream against the urethral walls in this neighborhood would, it seems to me, explain its selection as the favorite site for stricture. The first two or three inches of the urethra is the next most frequent seat of stricture, and this is on account of the primary lesion of gonorrhœa occurring in this region, as well as congenital narrowings of the caliber.

Gonorrhœal strictures rarely make their presence felt until the elapse of several months and often years after the gonorrhœal attack. Guyon holds that the greatest number of strictures rarely attract attention before four years have elapsed, and from that on up to ten years. I recently operated upon a physician who had had no symptoms up to a year ago, six years since his last attack of gonorrhœa.

In my practice, the most common complications of stricture are, in order of frequency, epididymo-orchitis, prostatitis and retention of urine.

Results.

The mucous membrane behind the stricture becomes thin and pouched, forming diverticula, analogous to those found in the bladder as a later change. It is the pouching and thinning that makes extravasation of urine possible.

Brodie and Reginald Harrison have called attention to a prognostic symptom of extravasation, i. e., the appearance of a gangrenous spot on the glands is considered indicative of a fatal termination.

Following stricture, we have hypertrophy of the bladder-walls with the formation of diverticula and *sacculations,* and the appearance of *cystitis.* The ureters soon become thickened, dilated and later infected, *and then an extension of the infection* to the kidneys.

Fenwick claims that three muscular systems become hypertrophied as a result of stricture, i. e., the *vesical,* the *ureteric* and the *cardiac;* the hypertrophy being of short duration, atony soon succeeding. The cardiac changes are, of course, dependent upon those which take place in the kidney.

From his observations, Fenwick concludes that there are two valuable prognostic factors.

(1). The amount of the pressure against which the kidneys have been working, gauged by the amount of residual urine, and (2) The behavior of the muscles in their progress towards recovery. Reasoning from his observations, we conclude that where there is under five ounces of residual urine, we are justified in giving a favorable prognosis; where the residual urine exceeds ten ounces, our prognosis must be correspondingly bad. The ultimate recovery of the bladder tone was equally dependent upon the age of the patient, or the older the patient the worse the effect and the more unfavorable the prognosis.

In the diagnosis of stricture, the normal caliber of the urethra must be considered. At least 75 per cent. of meati are too small to admit of bougies corresponding to the normal urethral calibre. Otis' scale, compiled from the use of his urethrometer, is applicable in most cases. The average urethra will admit a No. 32 French, and one which does not admit a No. 28 French is abnormally small.

In diagnosis, Otis' urethrometer is use-

ful, but not so much so as the flexible woven bougies a boule. The steel bougies, as well as the steel sounds, are not instruments of diagnosis, but are essentially for purposes of treatment. They prove misleading in skilled hands and can give only approximately the caliber of the narrowing. Spasm is usually situated in the membranous urethra and develops suddenly. The causes of spasm are phimosis, atresia of the meatus, cystitis, tuberculosis (both vesical and posterior urethral), rectal and anal troubles, spinal congestions and scleroses, hysteria and neurasthenia. In organic stricture, the bougie passing the narrowing is suddenly released, and on withdrawal there is accentuated resistance at the point of narrowing. In spasm, the bougie is held until it passes through the membranous urethra, and on withdrawal the sense of resistance is markedly less, very often not being noticed at all. Spasm often resists a small, soft instrument where a metallic sound of good size finds easy entrance. Again, the urethroscope is often of service and in difficult cases general anæsthesia may be required to make a diagnosis.

Treatment.

In the treatment of organic stricture, *dilatation* holds a permanent place. In the simple, organic narrowing of large calibre and recent formation, usually found in cases of protracted chronic urethritis, dilatation is essential. In chronic urethritis, the stricture is in about half of the cases of a resilient or irritable character, placing it beyond the limits of dilatation alone. *Dilatation* is often productive of much harm, as there is a tendency on the part of the inexperienced towards frequent sounding. This causes an increase in the symptoms and is often responsible for the superinvention of irritable or resilient strictures on what was originally one, simple in nature. Briefly stated, there is, following sounding, a dilatation of the narrowing for 24 or 36 hours, when reactionary hyperæmia and swelling set in, accompanied by increased nutrition; in a day or two absorption begins and continues for several days. It is not until this process has ceased that sounding should be attempted. The passage of a sound during the reactionary stage changes the hyperæmia to an inflammation and attainment of the end desired from dilatation is defeated. The hyperæmia is accompanied by an increased discharge, and if this discharge becomes greatly increased, it is indicative of too zealous treatment.

I believe that the majority of strictures the surgeon is called upon to treat are resilient, recurrent or fibrous in character, hence *dilatation* alone would be useless, and urethrotomy in some form is indicated.

In old strictures of the pendulous urethra, dilatation is dangerous and internal urethrotomy will give the best results. Otis, Lydston, Mark and others are unanimous in the opinion that in the vast majority of strictures treated by internal urethrotomy the cure is permanent.

In all other strictures of small caliber, or those that are fibrous, resilient, recurrent or irritable in character, situated in front of the bulb and back of the pendulous portion, internal urethrotomy accompanied by perineal drainage instituted through the membranous urethra is the treatment of choice.

In all strictures of the above character, situated in the bulbo-membranous region, external urethrotomy is indicated. There is very little danger to the arteries of the bulb, if the incision is made in the median raphe.

The cutting operation relieves the narrowing, but does not remove the infiltrate, which may be accomplished by the passage of steel sounds. The urethra, after urethrotomy, is maintained fully patent with a consequent stoppage of the minute urinary extravasation behind the stricture, and the gradual contraction ceases.

In marked fibrous contraction *excision* seems to be the only remedy. Mayo, Southam and Rollett have reported favorable results from this procedure.

Antal claims that *massage* is useful in very soft, recent strictures.

In some parts of this country a new method is becoming popular, i. e., excessive dilatation accompanied by nicking the mucosa, or a microscopic, internal urethrotomy. I do not see what it can have to recommend it.

The treatment of stricture by electricity has practically no advocates, and is only a fad.

Cauterization is a cruel method, as a chemic stricture is often substituted for one of the gonorrhœal type.

Divulsion, which had a strong advocate about one hundred years ago in *Desault,* has been revived of late in this country. It seems to me unsurgical and most dangerous, and is to be condemned.

There are many other points and much important ground upon which I have not had time to dwell in such a brief article.

Resume.

I wish to emphasize the following points:

(1) That organic stricture often produces the most disastrous results, constitutional as well as local.

(2) That most strictures the surgeon is called upon to treat are irritable, resilient, recurrent or fibrous in nature.

(3) That such strictures cannot be treated by dilatation alone and that urethrotomy in some form offers the best hope of a permanent cure.

(4) That a stricture may be considered cured when, after a minimum elapse of six months, after all treatment has ceased, a flexible *bougie a boule* of the normal urethral caliber can discover no narrowing. It is not sufficient that the urethra will admit of a full-sized steel sound.

94 East Adams Avenue.

ALCOHOL AND ITS EFFECTS ON THE SYSTEM.*

BY EDWARD T. MILLIGAN, M. D.,
Detroit, Mich.

The great increase in the use of alcoholic beverages prompts me to write this paper, more especially when the struggle against its use is as important as that against an epidemic. There is no other drug which causes so much moral, mental, and physical degeneration as alcohol. There is not an organ or tissue of the body upon which it does not exert a baneful effect. With its disuse poverty would decrease and crime diminish. It clouds the understanding, weakens the will and transmits to the offspring moral, mental, and physical weakness.

"Hereditary craving for alcohol may proceed from parents, neither of whom possessed this craving, but were drinkers only by custom or sociability."—(Foree, *Medical Pioneer,* December, '93).

"The proportion of hereditary cases has increased 50 per cent. over the acquired during the past twelve years."—Holmes (*Medical Pioneer,* August, '95).

"Of the various transformations of alcoholic inheritance seen in children insanity takes a leading place. Among 819 descendants of 215 alcoholic families there were 121 premature deaths, generally from convulsions, 38 cases of physical debility, 55 of tuberculosis and 145 mental derangements. Among the remainder were many cases of epilepsy, hysteria, idiocy, etc."—(Lagram, *Medical Press and Circular,* June 13, '94).

"Experimental dosing of hens' eggs with alcohol delays and modifies development, monstrosities and anomalies resulting."—(*Fere, Jour. de l'Anatomie et de la Physiologie Normales et Pathologiques de l'Homme et des Animaux,* March—April, '95).

Whiskey and brandy contain over 50 per cent., wine not less than 10 per cent, beer and porter range from 4 to 8 per cent. of

*Written for the Detroit Medical Journal.

alcohol; whiskey or brandy consist *essentially* of alcohol and water. Let us approach this subject from a physiological standpoint. We will leave aside the moral and social aspect of this evil. Is alcohol a stimulant? Can it be classed as a food? Division of the pneumogastric acelerators, and spinal cord show that alcohol exerts a direct depressing action on the heart. It does not increase the power and force of the circulation.

In small doses it produces no stimulating effect on an individual accustomed to its use, while in large doses it acts as an anesthetic and thereby weakens the heart's action. It is destructive to protoplasm. It destroys the oxygen-carrying power of the blood. It lessens tissue changes.

In the heart, while it increases the pulsuations, the vigor is impaired, and the blood in the arteries becomes almost venous. The stimulation (if we may so call it) is but transitory, for in the fall of the normal body heat, weakening of the muscular power, depression of the nervous system result; it is not a stimulant as understood by the laity.

"Alcohol, far from being a stimulant in small quantities, is a narcotic and sedative in all dosage and both in health and disease, it weakens the vital powers."—(*Canadian Practitioner,* October 1, '91).

"The use of alcohol as a stimulant or tonic in the treatment of disease is a delusion and more or less injurious. By diminishing the internal distribution of oxygen it directly diminishes man's vital resistance to the action of all morbific causes, while by its anesthetic effect on the brain it lulls him into a false feeling of security."—(N. S. Davis, *Medical Pioneer,* October, '94).

"Out of 66 cases of typhoid treated without the use of alcohol, 61 recovered without any complication."—(Whalen, *British Medical Journal,* March 24, '88).

"Even in minute quantities, alcohol favors the growth of many *disease germs* including those of pus and diphtheria."—(*Rioye,* '95).

"The dynamometer shows that the muscular strength is diminished under the influence of even *moderate* doses of alcoholic drinks."—(Fevrier, *Le Bull. Med.,* August 25, '95).

"Even small doses diminish intellectual power."—(*Le Bull. Med.,* '95).

"The three cardinal symptoms of heart failure are generally observed early in alcoholic cases."—(*Medical Chronicle,* April, '93).

It cannot be classed as a food, for it will not sustain life. It does not produce heat, but lessens the power to resist cold.

"It gives no warmth to the body. This is proved by the thermometer. The disuse of it by deer-stalkers, Canadian hunters, and Arctic explorers is additional proof of this, it gives no strength. It distinctly weakens the muscles. Experiments in the Ashantee war during the relief of Chitral tell the same story, and so do our great national games. It does not lengthen life."—(Fox, *Medico-Chir. Journal,* March, '96).

The desire for food is physiological and normal, the desire for alcohol pathological and abnormal. Tuberculosis and insanity have increased with increased consumption of alcoholic beverages.

"One of the most effectual prophylactic measures against tuberculosis would be the suppression of alcohol."—Thoram, *Revue des Sciences Med. en France et a l'Etranger,* July 15, '94).

"One of the most common causes of tuberculosis is alcohol."—(*Jour. d'Hygiene*).

"Post mortem tubercular examinations at the St. Thomas Hospital, London, showed history of 75 per cent., users of alcohol. In only 10 of the 75 per cent. was there any inherited tendency."—(*Brit. Med. Journal,* February 17, '92).

"Alcohol is one of the main causes of tuberculosis by predisposing the system to bacillary action."—(Lancereaux, *Le Med.,* March 6, '95).

"The increase of tuberculosis is proportionate to that of alcoholism in France."—(Lagneau, *Le Bull.,* June 26, '95).

"The increase in the production and consumption of alcoholic liquors in Italy has increased the number of insane."—(A. Valponi, *Il Policlinico,* '96).

It is an evil that permeates all classes of society. The nursing mother drinks beer or wine to increase her milk, when any kind of alcoholic beverages causes a deterioration of its quality. Many a child under 6 years of age has come under my professional care suffering from enlargement of the liver and disease of the kidneys due solely to beer drinking, encouraged by the misguided parents in the belief that bone, brain and muscle are produced by beer in small quantities.

"The use of alcohol by children is one cause of the depopulation of France. The conclusion reached is that it is as *dangerous* as is an excess of alcoholic beverages for an adult; for the adolescent they are deadly, because they cause organic changes, hinder physical development, and impair the normal faculties, even to the extent of degeneration."—(*Journal des Practiciens,* p. 665, No. 42, '96).

"The span of life of the individual who has reached his 25th year without alcohol is fifteen years longer than that of one who has used alcohol, even in moderation."—(*Investigations of the British Medical Commission*).

Beaumont, through his experiments on the stomach of Alex. St. Martin, proved that irritating the walls of the stomach produced an increase in the flow of gastric juice. Increased irritation or stimulation causes a pathological secretion instead of a physiological one. Pepsin is an albuminoid ferment; alcohol precipitates and destroys its digestive power.

Experiments on five young men in which alcohol used in 25 and 50 per cent. solution of which three and one-half ounces were taken before the patients' dinner gave the following conclusions: 1. During the first three hours, gastric digestion markedly retarded, decrease in hydrochloric acid.

2. More marked in person non-habituated to the use of alcohol.

3. Stronger solutions of alcohol act more energetically than weaker ones.

4. The motor and absorptive power of stomach markedly depressed.

5. Alcohol distinctly retards the passage of the food from the stomach.

6. Alcohol manifests a decidedly unfavorable influence on the course of normal gastric digestion.

7. Even small quantities of alcohol impair all gastric functions. The use of alcohol from a physiological standpoint cannot be approved.—(Blumenau, *Inaugural Dissertation,* p. 60, No. 17, '90).

Through its irritating action on the hepatic cells of the liver alcohol induces a greater activity and according to the natural law this action produces a loss of proper function. Connective tissue growth takes place, so that the normal liver cells are displaced by a new growth. Once connective tissue growth is initiated in the liver or kidney, its course is progressive and we do not possess any known therapeutic agent to check or retard it.

"The injection of alcohol causes migration of microbes from the intestines into the blood of the liver."—(Wurtz and Hudelo, *Le Bull. Med.,* January 30, '95).

"Uric acid and calcium-oxalate crystals are found in the urine of persons in good health after taking alcoholic drinks. In moderate doses alcohol irritates the kidneys."—(Glaser).

"First and most frequent effect on kidneys is polyuria, then diabetis."—(Wakin, *New York Medical Record*).

The individual that craves for alcohol shows a lack of moral character, unstable nervous system, and well marked signs of degeneration. In the moderate users it makes psychological changes and it is not until well marked organic disease has taken

place that the evil of the drug is manifested. Like all narcotics, to obtain an effect the dose must be increased. It sets up cirrhotic changes in the liver and kidneys and is one of the most frequent causes of Bright's disease and diabetes. Any person that consumes one and one-half ounces of absolute ethyl alcohol per day in any form is a drunkard; whether alcoholic narcosis takes place or not is immaterial.

Delayed union takes place in fractured bones, under the most minute doses of alcoholic beverages. Reparative processes in wounds are retarded and material of low vitality are supplied to the injured parts while under so-called tonic doses ol alcohol. Advancing hand in hand with increasing knowledge of the human system the *best* clinicians in every land condemn its use. The human system can never physiologically adapt itself to it.

397 Jefferson Avenue.

More Evil in Proprietaries.—The profession is having its innings with patent preparations. Dr. Edward Baumgartner, of Colorado, has been delving into the mysteries of some of these compounds. In the *Transactions of the Colorado State Medical Society*, recently published, he makes the following statement: "Most of the advertised cosmetics and hair restorers—to begin with the beauty medicines—have mercury, lead, bismuth, or zinc entering very largely into their composition. 'Madam Ruppert's Face Bleach,' and 'Mrs. Harriet Hubbard Ayer's 'Recamier Balm' and 'Recamier Moth and Freckle Lotion' contain corrosive sublimate. 'Laird's Bloom of Youth,' 'Hagan's Magnolia Balm,' and 'Bradford's Enameline' contain oxide of zinc. Prof. C. F. Chandler analyzed eight of the best known hair 'restorers' and 'renewers' and reported to the New York Board of Health that they all contained lead, some as much as seven grains to the ounce. To the person who knows the action of these minerals poisons, comment is unnecessary, and we submit that they should not be used by persons who do not know their action." Dr. Baumgartner also compiled the table, published in our January issue, showing the percentage of alcohol in several well-known "tonics." Apparently an "n" has been placed for an "x."

Consumptives' Diet.—Dr. Robin, in the *Bulletin Generale de Therapie*, advises a large glass of milk on waking, with a dash of vichy water. Breakfast at 8, with a piece of fat steak or a cutlet, two soft eggs, a little toast, oatmeal with abundance of cream, but little sugar, and two glasses of milk or a cup of coffee. At 9, cod-liver oil and a little milk, or a glass of milk with the yolk of an egg. At 10, a large cup of beef tea made from raw meat, after which the patient lies down until noon. Dinner at 12:30, with fish, rice, chicken, cauliflower, and a slice of well-buttered bread, one or two glasses of milk, and baked apples and cream. At 2, cod-liver oil or milk with the yolk of an egg. At 4, sandwich of scraped raw beef, and rest or sleep till 6, when the supper can consist of beef, fish, mutton or raw beef, with spinach cooked in cream. At 8, cod-liver oil or milk and yolk, and at 9 or 10, a glass of iced or very hot milk or a cup of good beef tea. At night, if wakeful, a glass of milk at 1 or 2. This regime is tolerated by nearly all patients, and has given the best results in his extensive experience. Milk is the constant beverage.

Why Not Try a Millstone?—A new and easy way of correcting round shoulders is to wear a belt having a large piece of lead attached in front. To preserve the equilibrium the head and shoulders are thrown back. The invention is due to the ineventor's observing that fat men, thas is men with protuberant abdomen, are never round-shouldered. —(*Colorado Medical Journal.*)

DETROIT MEDICAL JOURNAL

A MONTHLY EPITOME OF
PRACTICE AND THERAPEUTICS

FRANK BURR TIBBALS, M. D., Editor

COLLABORATORS
AUGUSTUS WRIGHT IVES, M. D.
JOSEPH SILL, M. D.
HENRY JASPER HARTZ, M. D.

WALTER CHANNING BOYNTON, Business Manager.

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THE MICHIGAN STATE MEDICAL SOCIETY'S MEETING.

Detroit will be the scene of the 38th annual meeting of the Michigan State Medical Society on June 11 and 12 this year. Detroit already enjoys an enviable reputation as a city in which visitors are made to feel at home, and where every facility at the disposal of the municipality is at the service of the stranger who visits the metropolis. June is a delightful month in which to visit Detroit; it is neither too hot nor too cool, and if the labors of the profession in convention leave the members any leisure time, they may find numerous profitable ways in which to dispose of it.

The hotels of the city are numerous and good, and the hospitality of her citizens is open-hearted. It will not be the fault of Detroit if the medical brethren are not made to feel at home while they are her guests. Moreover, there should be an incentive to every member of the society to be present. The thirty-eighth annual meeting will be the first one to be held under the new regime. Much has been accomplished by the steady work that has been done recently in the matter of organizing county societies and welding them together into a strong state society; and the deliberations of the coming meeting are fraught with interest to every member. There are 1,650 members of the society at present, a gain of 1,000 since the organization, and every one who can should make it a point to be on hand.

The meetings will be held in the handsome Masonic Temple of Detroit, which is situated on Lafayette avenue, five blocks west of Woodward avenue, the main thoroughfare of the city, at the corner of First street. It is within easy walking distance of half a dozen car lines, and is convenient to the chief hotels of Detroit.

The following programme will give information of interest to those who intend to attend the meeting:

The Council will meet on Wednesday, June 10, 1 o'clock p. m., standard time, at the Hotel Cadillac; Thursday, June 11, 4 o'clock p. m., standard time, Masonic Temple; Friday, June 12, 4 o'clock p. m., standard time, Masonic Temple.

The House of Delegates will meet in the Masonic Temple, as follows:

PRELIMINARY MEETING.

Wednesday, June 10, 7:30 P. M., Standard Time.

1. Call to order by the President, A. E. Bulson, Jackson.

2. Report of the Council, Leartus Connor, Detroit, Chairman.

3. Report of Committee on Legislation, B. D. Harison, Sault Ste. Marie, Chairman.

4. Report of Auxiliary Committee of Committee on National Legislation, Emil Amberg, Detroit, Chairman.

5. Report of Committee to petition the Legislature for an appropriation for the establishment of a properly equipped Sanitarium for the Treatment of the Early Stages of Consumption, V. C. Vaughan, Ann Arbor, Chairman.

6. Report of the Michigan Representatives in the House of Delegates of the A. M. A., H. O. Walker, Detroit, Senior Member.

7. Miscellaneous Business; (a) Appointment of Committee on Nominations of 5 to nominate

- 1st, 2d, 3d and 4th Vice-Pres.
- 4 Councillors for 2 years
- 4 " " 4 "
- 4 " " 6 "
- 2 Representatives in House of Delegates, A. M. A., for 1 year
- 2 Representatives in House of Delegates, A. M. A., for 2 years
- To fix place of Meeting for 1904.

Adjournment.

First Day, Thursday, June 11, 8:30 A. M. Standard.
Unfinished and Miscellaneous Business.
Adjournment to General Meeting.

Second Day, Friday, June 12, 12 O'Clock Noon Standard.

1. Report of Committee on Nominations.
2. Unfinished and Miscellaneous Business.

Adojurnment.

GENERAL MEETING.

Masonic Temple.

First Day, Thursday, June 11, 10 A. M. Standard.

1. Call to order by the President, A. E. Bulson, Jackson.
2. Prayer, Rev. Edward H. Pence, D. D., Detroit.
3. Address of Welcome, Hon. Wm. C. Maybury, Mayor of Detroit.
4. Report of Committee on Arrangements, H. O. Walker, Chairman.
5. Address of the President, "Reorganization of the Medical Profession of Michigan, with Suggestions for the Future," A. E. Bulson, Jackson.
6. Oration on Surgery. "The Surgeon: His Opportunities and Responsibilities," F. W. Robbins, Detroit.
7. Miscellaneous Business. (a) Nominations for President.

Adjournment.

Second Day, Friday, June 12, 11 A. M. Standard.

1. Unfinished Business.
2. Report from the House of Delegates.
3. Oration on General Medicine, "The Role of Suggestions in Therapeutics," I. H. Neff, Pontiac.
4. Oration on Obstetrics and Gynecology, "Obstetrics in General Practice," F. A. Grawn, Munising.
5. Miscellaneous Business. At 12 o'clock Standard the result of the ballot for President will be announced.

Adjournment.

SECTION ON GENERAL MEDICINE.

First Day, Thursday, June 11, 2 P. M. Standard.

1. Report of a Case of Bilateral Cystic Kidney, H. E. Randall, Lapeer.
2. Reflex Disturbances from Eye-Strain, O. A. Griffin, Ann Arbor.
3. Headache, Jeanne C. Solis, Ann Arbor.
4. The Essential Points of Distinction between Cerebral and Mental Disease, Hiram A. Wright, Detroit.
5. Some Clinical Observations on Defective Metabolism as a Factor in the Production of some Forms of Mental and Nervous Disease, Samuel Bell, Detroit.
6. The Treatment of the Hypertrophies of the Lymphoid Ring, B. R. Shurly, Detroit.

Adjournment.

Second Day, Friday, June 12, 8:30 A. M. Standard.

1. Rectal Examination; Its Importance and Value in General Practice, Louis J. Hirschman, Detroit.
2. Skiascopy of the Heart, A. W. Crane, Kalamazoo.
3. On Ultra-Microscopic Organisms, F. G. Novy, Ann Arbor.
4. Modified Milk for the Babies of Detroit, Collins H. Johnston, Grand Rapids.
5. Some Considerations upon Infant Feeding, Alex. M. Campbell, Grand Rapids.
6. Demonstration of Specimens from the Pathological Exhibit, A. S. Warthin, Ann Arbor.

Adjournment to General Meeting.

Second Day, Friday, June 12, 2 P. M. Standard.

Election of Chairman, Secretary (for two years), and Orator of Section.

1. The Treatment of Flatulency, Charles D. Aaron, Detroit.
2. The Etiology and Treatment of Hyperacidity of the Stomach Contents, David M. Cowie, Ann Arbor.
3. The Management of Small-Pox in Houghton County, with Report of 280 Cases, W. H. Matchette, Hancock.
4. Prevention of Gynesic Evils, J. A. Porter, Brooklyn.
5. Differential Diagnosis of Typhoid Fever, W. A. Ferguson, Sturgis.
6. Hyperemesis Gravidarum, Leo Breisacher, Detroit.
7. Report of a Case of Dermatitis Suspected to be Blastomycetic, Wm. F. Breakey, Ann Arbor.
8. Itching; Its Significance as an Exciting Factor; Measures Used for Its Relief, Andrew P. Biddle, Detroit.

Adjournment.

SECTION ON SURGERY, OPHTHALMOLOGY AND OTOLOGY.

First Day, Thursday, June 11, 2 P. M. Standard.

1. Excision of Hemorrhoids, Wm. L. Dickinson, Saginaw.
2. A New Procedure for Avoiding Infection After Operation for Cataract, Walter R. Parker, Detroit.
3. The Omentum, W. H. Haughey, Battle Creek.
4. The Climateric Tumors of the Breast, T. A. McGraw, Detroit.
5. Some Conditions which Influence the Use of the X-Rays in Epithelioma, Wm. F. Breakey, Ann Arbor.
6. The Epiphyses from a Radiographic Standpoint (Illustrated by Lantern Slides), Preston M. Hickey, Detroit.

Adjournment.

Second Day, Friday, June 12, 8:30 A. M. Standard.

1. Electro-Physics and Their Application to the Scientific Treatment of Disease, C. L. Barber, Lansing.
2. Report of Two Cases of Cancer of the Breast Occurring in Women under Twenty-Five Years of Age, W. A. Spitzley, Detroit.
3. The Bougie-Catheter: an Apparatus for Use in Genito-Urinary Surgery, S. C. Graves, Grand Rapids.
4. The Surgical Treatment of the Fractured Spine, with a Report of Four Cases, C. H. Rodi, Calumet.
5. Surgery of the Mediastinum; with a Report of the Successful Removal of a Tumor from the Anterior Mediastinum, H. O. Walker, Detroit.

Adjournment to General Meeting.

Second Day, Friday, June 12, 2 P. M. Standard.

Election of Chairman, Secretary (for two years), and Orator of Section.

1. Only a Drop of Pus, F. J. W. Maguire, Detroit.
2. Report of Five Rare Abdominal Cases: (a) Rupture—TubalPregnancy (two cases); (b) Re-

section of Intestine; (c) Caesarian Section; (d) Gastrostomy, I. N. Brainerd, Alma.

3. Contribution to the Surgery of the Knee-Joint, Max Ballin, Detroit.

4. Railway Injury to the Pelvis, with Laceration of the Urethra, Ralph H. Spencer, Grand Rapids.

5. Comparisons in Technique of Gastro-Enterostomy with Description of the McGraw Elastic Ligature, S. E. Sanderson, Detroit.

6. Abuse of Inflation and Massage of the Middle Ear, Emil Amberg, Detroit.

Adjournment.

SECTION ON OBSTETRICS AND GYNECOLOGY.

First Day, Thursday, June 11, 2 P. M. Standard.

1. The Lacerated Cervic Uteri; Amputation or Trachelorrhaphy — Which? H. Wellington Yates, Detroit.

2. Prolapse of Uterus, Bladder and Vagina, J. G. Lynds, Ann Arbor.

3. Ectopic Gestation with Report of Cases, Wm. F. Metcalf, Detroit.

4. Fibromata of the Vulva with Report of Case, T. S. Burr, Ann Arbor.

5. Ovarian Dermoids, R. E. Balch, Kalamazoo.

Adjournment.

Second Day, Friday, June 12, 8:30 A .M. Standard.

1. Dilation and Curettage, W. H. Morley, Ann Arbor.

2. A Case of Streptococcic-puerperal Infection, successfully treated, in which Serum Therapy was used, H. W. Longyear, Detroit.

3. Removal of Appendix during Abdominal Section, J. H. Carstens, Detroit.

4. Uterine Fibroma as a Complication of Pregnancy, Reuben Peterson, Ann Arbor.

Adjournment to General Meeting.

Second Day, Thursday, June 12, 2 P. M. Standard.

Election of Chairman, Secretary (for two years), and Orator of Section.

1. The Sequelae of Lacerations of the Cervix, R. L. Morse, Ann Arbor.

2. The Value of Conservative Operations on the Uterus and Appendices, W. P. Manton, Detroit.

3. Endometritis—Both from a Surgical and Medical Standpoint, O. S. Phelps, Battle Creek.

4. A Study in Cases illustrating Points of Diagnosis in Obscure Appendicial Diseases and Others Simulating Appendicitis, H. W. Longyear, Detroit.

5. A Study of Some Difficulties in the Use of the Obstetric Forceps, James E. Davis, Detroit.

Adjournment.

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Kent Co..... J. A. McColl, of Grand Rapids. D. E. Welsh, of Grand Rapids.
Lapeer Co.....H. McColl, of Lapeer.
Lenawee Co.....F. E. Andrews, of Adrian.
Livingston Co.....A. W. Cooper, of Fowlerville.
Macomb Co..... W. Greenshields, of Romeo.
Manistee Co.....J. A. King, of Manistee.
Marquette Co.....F. M. Harkin, of Marquette.
Mason Co.....W. H. Taylor, of Ludington.
Mecosta Co.....L. S. Griswold, of Big Rapids.
Menominee Co.....
Midland Co.....F. A. Towsley, of Midland.
Missaukee Co.....J. G. Rienberg, of McBain.
Monroe Co.....P. S. Root, of Monroe.
Montcalm Co.....H. L. Bower, of Greenville.
Oakland Co.....M. W. Gray, of Pontiac.
O. M. C. O. R. O. CoS. N. Insley, of Grayling.
Osceola Co..... T. F. Bray, of Reed City.
Ottawa Co.....B. B. Godfrey, of Holland.
Saginaw Co.....T. M. Williamson, of Saginaw.
Sanilac Co.....H. W. Smith, of Carsonville.
Shiawassee Co.....A. M. Hume, of Owosso.
St. Clair Co.....M. Willson, of Port Huron.
St. Joseph Co.....L. D. Knowles, of Three Rivers.
Tuscola Co.....P. J. Livingstone, of Caro.
Van Buren Co.....G. D. Carnes, of South Haven.
Washtenaw Co.....W. F. Breakey, of Ann Arbor.

Wayne Co..... A. D. Holmes, D. Inglis, W. F. Metcalf, G. W. Moran, E. L. Shurly, F. B. Tibbals, H. A. Wright, of Detroit.

Wexford Co.....C. E. Miller, of Cadillac.

REPRESENTATIVES IN THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION.

H. O. Walker, Detroit.
V. C. Vaughan, Ann Arbor.
Theo. A. Felch, Ishpeming.
J. B. Griswold, Grand Rapids.

SPECIAL COMMITTEES.

Committee on Arrangements.

H. O. Walker, Detroit, Chairman.
E. L. Shurly, Detroit.
A. D. Holmes, Detroit.
Guy L. Connor, Detroit.
Allen D. McLean, Detroit.

Auxiliary Committee to Committee on National Legislation, American Medical Association.

Emil Amberg, Detroit.

To Petition the Legislature for an Appropriation for the Establishment of a properly equipped Sanitarium for the Treatment of the Early Stages of Tuberculosis:

V. C. Vaughan, Ann Arbor, Chairman.
H. B. Baker, Lansing.
L. W. Bliss, Saginaw.
C. G. Jennings, Detroit.

Committee on Legislation.

B. D. Harison, Sault Ste. Marie, Chairman.
George F. Ranney, Lansing.
Bion Whelan, Hillsdale.

ENTERTAINMENTS.

Reception, Thursday evening, June 11, at 8:30 o'clock, standard, to members and ladies by the Wayne County Medical Society at the Masonic Temple.

SHOULD PHYSICIANS ADVERTISE?

This question is frequently brought to the attention of both the general public and the medical profession through disciplinary measures taken against the offending disciple of Aesculapius who has violated the rules formulated many years ago for separating the "sheep from the goats." Invariably, however, the lay press wonders, and often in large type, why the man who pays the usual rates is guilty while he who cleverly secures newspaper advertising free of charge is innocent and argues for a "tariff for revenue only" on all medical men. Occasionally, too, some reputable physician is found willing to condone flagrant violations of the code of good taste, familiarly known as the code of ethics, because others, standing perhaps higher in the profession, are apparently or actually violating the spirit of the same code without being taken to task therefor.

Do the courts acquit the criminal because there are others at large?

We disagree emphatically with either defender of the man who for mercenary reasons willfully and knowingly violates the principles of right professional living laid down and lived up to by the vast majority of medical practitioners the world over. This is more than a voluntary acceptance of a *code* written or unwritten, it is the inherent belief in and the outward manifestation of a perpetual moral law. In its inception it goes clear back to the teachings of the "Good Book," where it says: "Thou shalt not steal," i. e., obtain money under false pretenses, nor "Bear false witness against thy neighbor," (Dr. Black) but shalt love him "as thyself." In other words the universal code of ethics is the "Golden Rule" and the code of the American Medical Association is just as apt today as when written, except in its sectarian discriminations, which should be and soon will be amended.

Read the code on the question of advertising:

> *"It is derogatory to the dignity of the profession* to resort to public advertisements or private cards inviting the attention of persons affected with particular diseases, offering advice and medicine gratis and promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success; *or to employ any of the other methods of charlatans.*

"Equally derogatory to professional character it is for a physician to hold a patent for any surgical instrument or medicine; or to dispense, or promote the use of, a secret medicine, whether it be composed by this physician or the exclusive property of others, for if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone give it public notoriety, such craft implies either disgraceful ignorance or fraudulent avarice."

Hence we ask, why should physicians advertise? It is undignified and in poor taste, it is the method adopted by the charlatan for obtaining money under false pretenses and in the long run profiteth no man. The code teaches the broad principle that professionally the public good and the individual good are one and inseparable and thereby individual discoveries and advancement speedily become the working tools of the entire profession. What would be the condition of medicine and surgery today if Simpson, Lister, Virchow, Pasteur, McDowell, Sims and others, names which will live until the end of time, had become commercialized and violated the principles of the code? And what better advertisement can man want than such men have received purely through their own profession and to all time? Herein lies the key to and the solution of the whole matter of advertising, from the professional standpoint.

The various legitimate ways of securing professional recognition of his work are open to every man, though the medical societies and the medical press, and every man has a fair hearing. The facilities for interchange of medical thought are better today than ever before, with medical societies and medical journals at the command of every practitioner, hence even less justification exists now than formerly, for the man who seeks newspaper notoriety through fair or unfair advertising. The argument is often brought forward that only a few men have the opportunity for legitimate advertising through their co-workers, while the rank and file must be content to remain at the bottom unless some plan be devised for bringing their qualifications to the notice of the laity. Sooner or later, we think every man finds his level in the practice of medicine and a higher, more permanent level is attained by the worker who is true to the ideals of his profession than by the man who boosts himself temporarily above his fellows by unethical methods and means. The old adage that "there is always room at the top" is true with the important exception that in medicine even the top rounds of the ladder are overcrowded; hence the young man of ambition will maintain an elevated position more securely if he mounts gradually without undue disregard of the feelings and corns of those about him.

We have endeavored to demonstrate that from the standpoint of permanent personal advantage the physician has little to gain by unethical newspaper advertising.

If he be a specialist his legitimate field of work is readily secured in due season through the profession, if he be proven worthy; if a general practitioner of ability and tact every patient becomes a walking advertisement. The suspicion that the laity may suffer because physicians do not publicly advertise is not well founded. Medicine differs from all other trades in that it is not a trade but a profession, composed almost entirely of men intrinsically honest and actuated by high moral ideas of living upon the square. If the layman seeks information regarding men of special ability along certain lines, he has but to ask his family physician, who will gladly refer him to one fully competent, thus securing the honest and intelligent opinion of a friend whose

professional knowledge qualifies him to choose wisely. Suppose, for example, it were customary for physicians to advertise their respective abilities as tradesmen their wares, how could the layman make any better selection than now?

Are all bargain sales bargains? Would the best qualified and most competent men be able to hold their own in this untried field with the medical tradesmen? Would not the poorest men (to whom almost alone the code is irksome) become the equal of the best in this undignified and unworthy competition? Professional esprit de corps would be forever lost—and the layman not a whit the gainer.

There is perhaps one point regarding which professional opinion is undergoing gradual revision, namely, to what extent newspaper mention of medical men is legitimate. We must face the tremendous enterprise of the American Press with its insatiate reportorial greed for news. If a prominent citizen has pneumonia or gall-stones, the laity want to know that he is in good hands professionally, and the papers will tell them despite any protest along ethical lines. Such newspaper mention is not only legitimate but unavoidable. When, however, to the bare facts of the case, is appended the autobiography and photograph of the attending physician or surgeon, with a technical description of the pathological anatomy of the lesion, well———"We draw the line at that."

MINNESOTA AND HER LEGISLATURE.

When the late unlamented legislature of the state of Minnesota terminated its sessions by limitation last month, the osteopathic bill was a law, and Minnesota had joined the ranks of the few states which recognize the claims of the Kirksville cult. Many useless bills were passed by this body of law-makers, and several of the statutes enacted are calculated to work even actual harm to the citizens of the state; among these may well be placed the law creating a state board of examiners for osteopaths and providing for a system of registration of the osteopathic gentlemen and ladies.

It was the third and final attempt of the Minnesota osteopaths to force their bill through the legislative body, and the fact that they have succeeded in doing it at the recent session is one that reflects little credit on the law-makers. The chances are good that the constituency of the men who aided in placing Minnesota in with the few other states the legislators of which are troubled with legislative blindness was opposed to the passage of the measure enacted; but a powerful lobby may do much in influencing legislative opinion, and the thing has been done.

Now for results. The men who insisted most strongly on obtaining recognition at the hands of a great state are the ones who purpose reaping where they have sown: the strong men of the cult are those who will from now on combine to force into outer darkness the small fry in the profession (?) of osteopathy; and there are many such. The work was done in self-defense. The fad of osteopathy is on the wane and the leaders in the osteopathic movement felt that something had to be done. There was not enough osteopathic work to provide the healers with a good living; the weak had to be crowded out, and the men of force had to be taken care of.

It is extraordinary enough that Minnesota should have been the most recent state to fall into a small line. Even Utah, a state upon which some of the world look with horror (for no very good reason), showed the calibre of its public men when Governor Wells refused to sanction the bill passed by the state legislature, providing for osteopathic protection. He felt that human life should not be trusted in the hands of incompetent and ignorant practitioners of healing measures that are based on untenable theories. Ohio has licensed osteopaths, and Ohio has some admirable pure-food

laws; Minnesota has recognized osteopathy, and the same legislature has taken the rare trouble to do some beneficent legislation in passing laws governing the sale of food. What is the connection between osteopathy and pure food? It seems scarcely possible that there should be any. Perhaps the legislators of Ohio feel that the laws passed by their predecessors governing the adulteration of food was sufficient to secure the blessing of unlimited health to the citizens of Ohio forever, and therefore recognized osteopathy. Perhaps Minnesota Solons view the proposition from a slightly different stand-point, and figure on protecting the people upon whom they have licensed osteopaths to prey by securing unlimited good health through wise food-laws.

It is refreshing to know that the profession and the prefessional press fought the proposed Minnesota measure with all their strength. Their efforts were successful through two legislatures, and that they have met defeat in the third is not to their discredit. The discredit lies with the lobby and with the legislature of Minnesota.

EDITORIAL NOTES

THE NEW ORLEANS MEETING.

About 75 physicians from Michigan attended the A. M. A. meeting at New Orleans. The week so cool in the North was delightful in the far South, the arrangements excellent, the scientific program of great interest and the attendance a record breaker. The House of Delegates transacted much important business without friction and long delayed, much needed action was taken upon the Code of Ethics. The word "Code" is dropped and the more appropriate designation of "Principles of Medical Ethics" adopted. These Principles remain practically as in the past, but little mention is made of sectarian medicine, and all penalties for consulting with sectarian practitioners are left absolutely to the State or County Society. The Association has nearly doubled its membership during the past five years and is well on the way to become the largest, strongest and best organization of medical men in the world. The next meeting is to be at Atlantic City, and Dr. John H. Musser, of Philadelphia, is the newly elected President.

Dr. Billings' address at the New Orleans meeting had a pessimistic tinge that was amply justified by the conditions he was discussing. He commented at some length on the oversupply of physicians, stating that medical colleges every year graduate from 10,000 to 15,000 physicians, while the country needs annually only about 2,500. Under these circumstances, it is plain that very many young men are annually being graduated into a profession in which there will not be the slightest call for their services.

The overcrowding means the survival, not only of the fittest, but also unfortunately of the most pushing. It rests with the present members of the honored profession of medicine to see to it that every illegitimate means of obtaining preferment without merit is taken from medical practitioners; and when this is done, there will be fewer candidates for the degree of M. D. Many young men take a medical course because they know that there is money in the prostitution of medicine; take away the possibility of a charlatan in medicine making a financial success, and the charlatan ceases to exist. This cannot be accomplished without much patient and unceasing endeavor; but the medical profession appears to be more than ever alive to the imminence of this danger, and the members of our profession may each one do much to help along the desired result.

The May number of *Physical Culture* contains an interesting and amusing satire upon the patent medicine testimonial written by F. A. Kirk Iller. *American Medicine*, May 2, 1903, comments as follows:

The career of Supreme Court Judge and Member of Congress H. Henry Powers as a taker and endorser of the popular tipples called patent medicines is entertainin. Facsimiles of the advertisements and portraits of Powers and of other notabilities appearing in the great yellow dailies are given. Mr. Iller, in *Physical Culture*, says:

"Although cured by Paine's Celery Compound Powers was still a long way from being a healthy man. He had taken so much of Celery Compound that he was literally full of "Pains." He decided in favor of Greene's Nervura. On the prominence gained by this second testimonial he was elected to the United States Congress. On his arrival in Washington, D. C., he found that this body no longer existed, and that it had long been replaced by the Peruna Congress. The majority of the congressmen and senators put forth their best efforts in trying to establish Peruna as the national tonic. Powers soon discovered that the cause of Nervura was a lost cause, and he promptly set about digging up a crop of pains in his multicured anatomy to fit the regulation Peruna testimonial. Pitted in Congress against the Peruna faction was the Malt Extract party, which was led by the invincible Chauncey Depew. The Peruna faction was led by Amos Cummings, who was completely cured by Peruna, but died shortly afterward. Having been cured more frequently and by more varied remedies than any other congressman, Powers was the most eligible candidate for leader, and was accordingly unanimously elected. Under his leadership the Peruna party made wonderful strides forward but, strange anomaly, the more the congressmen professed being cured the more feeble they grew, and stimulated by the example of Mr. Powers, there are now over fifty "active" members in the party taking the cure. Powers' term expired in 1901, and his constituents failed to return him to Congress. They claimed that a man may have some pains all the time, that he may get rid of all the pains some of the time, but they doubted Powers when he got cured of all his pains all the time."

At the annual meeting of the Wayne County Medical Society on May 28 last, the following officers were elected for the term, to take their seats in September: President, Dr. Charles G. Jennings; vice-president, Dr. A. N. Collins; secretary-treasurer, Dr. Guy L. Connor; board of directors, Dr. S. G. Miner, Dr. H. O. Walker, Dr. A. D. Holmes, Dr. Samuel Bell and Dr. J. E. Clark. The report of the secretary showed that there were 356 members in good standing.

A resolution was adopted, asking the newspapers to refrain from using the name of any physician in connection with a private case or operation, without the consent of the physician himself. This action was taken following the recent agitation in medical circles against physicians who advertise.

A refreshing feature of the meeting of the Association of American Medical Colleges, which met in New Orleans, La., on the 4th of last month, was that a strong stand was taken by prominent members for a higher standard of medical education. President Rodman, of Philadelphia, put the matter in a nutshell when he said: "Membership in this association has been entirely too free in the past. What we need is not more members, but better ones." He went on to say that the entrance requirements must be raised, and no advanced standing should be given anyone who was not able to present a degree from an institution of learning that was at least the equivalent of the freshman year in medicine.

Reports from the medical congress at Madrid the first of last month indicate that the spirit of Spanish procrastination governs even the deliberations of the medical men who happen to meet in Spain. "To-morrow" is the watch-word of the country, and many of the progressive American physicians who were in attendance must have had their spirits sorely tried by the lumbering methods by which business was done. An effort is being made to cut the congress to smaller numbers, restricting the membership as it were, with the view that business may be better dispatched.

In France they have recently equipped the streets of the capital with ambulances in lamp-posts. The lamp-posts are ornamental bronze pillars, 15 feet high, containing among other things a folded stretcher, with printed instructions concerning first aid to the injured. In case of a street accident, the stretcher is obtained by breaking a small square of glass, removing a key and opening the body of the pillar. The merry student riots of Paris should give the stretchers an opportunity to be employed with considerable frequency.

Preparations are being made for the meeting of the American Congress on Tuberculosis, which will sit at the World's Fair in St. Louis, in July, 1904. Dr. George Brown, of Atlanta, Ga., secretary of the congress, has recently been in St. Louis, pushing the arrangements forward, and it is confidently believed that next year's meeting will show some valuable results. A governmental charter has been obtained for the congress, so that it is a legal body.

A special commission, recently appointed in Ohio, has recommended that the state appropriate the sum of $200,000 for the erection of sanatoria for the treatment of consumption in the state. It has been estimated that the economic loss to the state of Ohio from deaths by consumption is annually $7,000,000. If the appropriation is made, the tent plan will be put into execution. The commission was created by the last Ohio legislature, and J. H. Outhwaite, of Columbus, is president.

Alamogordo, N. M., is reported to be the proposed site of the largest sanitarium for consumptives in the world. The proposed building and grounds will take in 2,000 acres, with a main building 750 feet long and 500 feet wide. It is planned to have a capacity of 3,000 patients, and the promoters will create a village by itself out of the sanitorium and surroundings.

A good bill is the one recently before the legislature of Illinois, providing for the licensing of trained nurses. The requirements for registration include graduation from a training school or a general hospital in good standing, and at least two years' training in a hospital. The bill is fathered by the Illinois State Association of Graduate Nurses.

The name of the late Dr. A. F. Gardner, of Washington, D. C., is to be perpetuated as the title of a memorial which is to take the form of new wing of the new National Homeopathic Hospital building. Those in charge of the plan are endeavoring to raise $50,000 with which to defray the necessary expense.

The State Homeopathic Medical Society will meet in Detroit on the second Tuesday and Wednesday of May, 1904. Dr. Alfred Graham, of Detroit, was elected delegate to the American Institute of Homeopathy, which meets in Boston on the 23rd of this month.

New Instruments & Devices

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

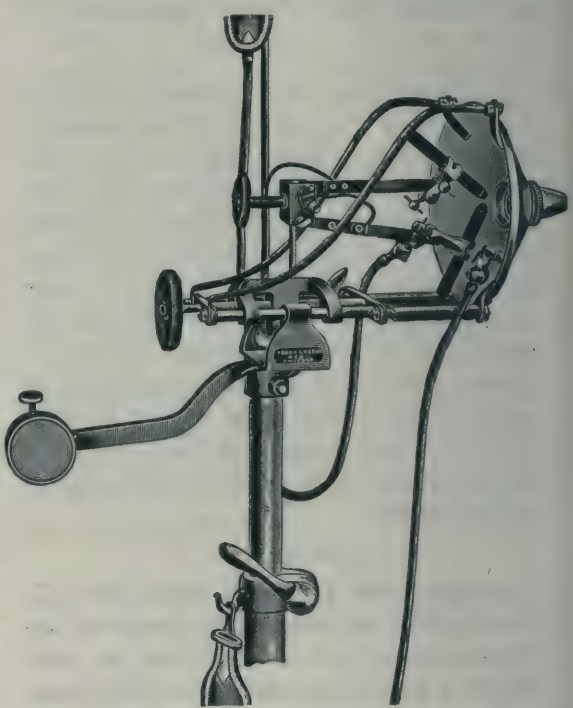
The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

FINSEN LIGHT OUTFIT.

The usefulness of the ultra-violet rays as a germicidal agent, and their use in the treatment of lupus vulgaris, as demonstrated by Finsen, are recognized and established facts in the field of curative medicine. The concentrated rays have been shown by Finsen to possess the power of instantly destroying many forms of exposed pathogenic bacteria. The chief end of all devices that are designed for the administration of the rays must be to admit of the passage of the maximum amount of the violet rays and the minimum amount of rays from the other, or red end of the spectrum, for the reason that as the chemical activity of the colors decreases the percentage of heat develops in inverse ratio.

Moreover, the device must be of such construction that it can be used without inconvenience in the physician's office, and especially it must be made at such a price that it is practically within the reach of everyone. The light must be arranged in such a way as to admit of strong focussing, since by this means only may treatment of tissues other than superficial be undertaken with some reasonable hope of success.

Experiments have demonstrated that a large percentage of the ultra-violet rays of the natural sunlight are lost in passing through the atmosphere and that in order to obtain the rays in their proper proportion it is necessary to generate them from powerful electric lights. The use of this form of illumination necessitates the employment of peculiar forms of lenses. Ordinary glass arrests a large proportion of the rays, but rock crystal permits them



to pass freely; therefore rock crystal must be the medium through which the light is allowed to pass. By using two of these lenses in such a manner as to include a water space between them, violet colored water may be admitted to the chamber in such a way that rays other than violet are arrested; but Finsen has shown that satisfactory results may be obtained when the space between the lenses is filled with uncolored distilled water. This allows the free passage of rays of all colors, but germicidal results may be secured from

the violet rays even when they are mixed with rays from other portions of the spectrum.

The type of lamp illustrated herewith is the one designed by Finsen for use in the London Hospital where so much of his work has been carried on. It comprises a powerful arc light, which may be placed in circuit with either a 104-volt alternating or a 110-volt continuous current. A rheostat is employed with the lamp, so that further control apparatus is practically done away with. A tube and a tically done away with. A tube and a reservoir provide for a continuous flow of water, either violet or uncolored, and this assists in keeping the whole lamp cool. A screw device provides for the proper focussing of the light on the lenses, and another screw provides for the proper approximation of the two carbons in the arc-light. The lamp has a capacity not to exceed 10 amperes, as suggested by Monell, and both externally and internally is an excellent piece of work. It provides for a maximum amount of violet-rays, with limited amount of heat and small radiation of light. The time of exposure is reduced to a minimum and the price of the lamp is really low.

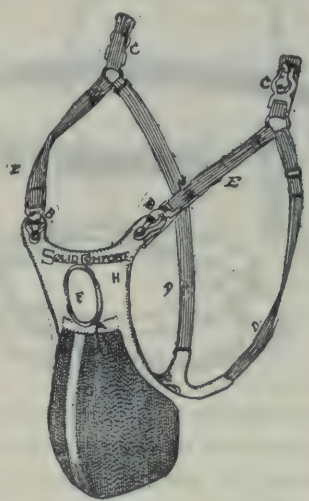
It retails for $100.00 net.

NEW SUSPENSORY BANDAGE.

The ideal suspensory bandage should naturally support the testicles by suspension and without undue compression. The device illustrated herewith has been designed for this purpose, and we believe that the object of its maker has been satisfactorily accomplished. It conforms as nearly as possible to the parts involved, and an attempt has been made to manufacture what is practically an artificial scrotum. The illustration shows the nature of the device so clearly that merely a few words of explanation will suffice.

The body piece, H, fits smoothly and firmly over the parts over the thighs. The scrotum, with its contents, slips through an oblong, half-oval opening into the bag which is stitched on to the front or outside. The band at A presses firmly into the peno-scrotal notch and prevents the testicles slipping upward and through the penis opening (F). And as there can be no slipping, of course there can be no chafing of the parts.

The belt-straps are attached to the upper wings of the body-piece (BB) by means of a catch, the bottom of which passes through an eyelet, and can be easily detached.



These straps meet the understraps at C C,, where another catch is placed for attaching the combined ends to the undershirt, thus making a "beltless" appliance. If, however, the wearer prefers a complete belt, he can have it from C to C.

The body-piece and bag can be detached and washed without the elastic or metal parts coming in contact with the water.

It retails for the sum of $1.50 in mercerized goods and $2.00 for pure silk.

ELECTRIC HEAD LAMP.

There are many types of this lamp on the market, a fact which, in itself, shows the popularity the device enjoys among

practitioners and specialists who require something of the kind to assist them in making examinations. The electric lamp is without doubt the most convenient form and the one we illustrate has numerous advantages. It is very light, weighing only one and one-half ounces, and the diameter of the tube is only one and one-half inches, while the extension of the tube is less than half an inch. It gives a clear and penetrating light, without appreciable heat, and these features, com-

bined with its low price, should ensure its very general use in places where an electric current is readily obtainable. The lamp is tubular shaped, and requires no reflector because it is lens-fitted, while it gives a light five times the candle-power of the lamp of the ordinary design. It may be used either with the current from a battery in the physician's office or from the lighting current in cities.

The device, as illustrated, costs the physician $3.50, and with a special Vetter tap, for use from the street current, costs $4.50. We can recommend it to our readers as a very satisfactory little lamp.

TUCKER'S PERINEAL GUARD.

Advocates of the principle of "resting on their oars" in delivery who have little or no use for the forceps in parturition, may find their objections largely overcome in this device, which is popularly known as the "shoe horn." By its proper use and manipulation, delivery is expedited and the perineum is protected from injury.

The device is made of forged steel, is thin and light in weight, has well rounded edges, and is used and worked on the

"shoe horn" plan. It should certainly prove an efficient aid in difficult deliveries, and its very simplicity has much to recommend it.

It retails to the profession for the sum of $1.00, and is well worth the price.

An Indianapolis paper prints a headline to the effect that an "Indian Doctor" of Jeffersonville, Ind., "disputes the charge that he is a physician." We wonder if the publishers of the paper regard the charge as a serious one. Is it a crime to be a physician?

Charles Stevens, of Minneapolis, secretary of the anti-vaccination league of the city, died of small-pox on April 14 last. It is a noteworthy fact that Mr. Stevens steadily fought vaccination, that he had never been vaccinated, and that the form of the disease which finally caused his death was the most malignant noted by the health officials of Minneapolis, who had three other cases of mild small-pox under observation since the first of the year.

PROGRESS OF MEDICAL SCIENCE

MEDICINE AND THERAPEUTICS.

Ochsner, in a paper read before the Wayne County Medical Society (Detroit) and published in the *Medical News* May 2, 1903, reports 337 cases of appendicitis operated on in Augustina Hospital, Chicago, during 11 months of 1902 with but 7 deaths.

Of these 192 were acute and 145 chronic. Of the former class 81 suffered from perforative or gangrenous appendicitis with more or less extensive peritonitis, 13 of these suffered from diffuse peritonitis at the time of admission; 111 cases suffered from acute appendicitis without perforation, the pus being confined to the lumen or the tissues of the appendix.

We know from experience that there are two classes of patients suffering from appendicitis in whom the mortality is very low; 1st, those who come under the care of the surgeon at the very beginning of the attack, say in the severe cases during the first 36 hours or in mild cases somewhat later; 2nd, internal cases. If it were possible then to reduce all cases to these two classes the mortality would become very low. Upon these known facts is based the special treatment advocated which seeks to convert bad cases seen too late, after the infection has spread beyond the appendix, into internal cases, which can be safely operated.

The general plan of treatment adopted was as follows: In every case of acute appendicitis entering the hospital all food by mouth and all cathartics were prohibited. In case the patient suffered from nausea or vomiting, gastric lavage was at once employed. In the milder cases the patient was permitted to rinse the mouth with cold water and drink small sips of very hot water at short intervals. In the severer cases the patient was permitted to rinse the mouth with cold water, but was not permitted to drink either hot or cold water for the first few days until the acute attack had subsided when the use of small sips of hot water was begun. If the nausea persisted, gastric lavage was repeated once or twice at intervals of two to four hours, in order to remove any substance which had regurgitated into the stomach from the small intestines.

The patient was supported by nutrient enemata consisting of an ounce of one of the concentrated predigested liquid foods in the market, dissolved in three ounces of warm normal salt solution introduced through a catheter which was inserted a distance of two and one-half to three inches. In case this gave rise to pain or irritation or nausea it was interrupted for twelve to twenty-four hours at a time. In cases in which no water was given by mouth an enema of eight ounces of normal salt solution was given four to six times a day in addition to the nutrient enemata. In cases operated during the acute attack this treatment was continued for several days after the operation.

After the patient had been free from pain and otherwise practically normal for four days he was first given from one to four ounces of weak beef tea, preferably prepared from commercial beef extract, every two hours. In a few days one of the commercial predigested foods, dissolved in water was substituted, still later, equal parts of milk and lime water, then general liquids, then light diet and finally after the patient had fully recovered, full diet was given.

This method contemplates the removal of the diseased appendix at the very beginning of the attack before the remaining portion of the peritoneal cavity has been infected in all cases in which this is possible, and in cases in which this is not possible,

because the infection has already passed beyond the tissues of the appendix, it contemplates changing a very dangerous acute into a relatively harmless chronic condition by inhibiting peristalsis and giving the peritoneum an opportunity to remove the existing infection by absorption or to circumscribe it by forming adhesions, at the same time reducing the virulence of the infectious material.

Conclusions:

1. The mortality in appendicitis results from the extension of infection from the appendix to the peritoneum or from metastatic infection from the same source.

2. This extension can be prevented by removing the appendix while infectious material is still confined to this organ.

3. The distribution or extension of the infection is accomplished by the peristaltic action of the small intestines.

4. It is also accomplished by operation after the infectious material has extended beyond the appendix and before it has become circumscribed.

5. Peristalsis of the small intestine can be inhibited by prohibiting the use of every form of nourishment and cathartics by mouth and by employing gastric lavage in order to remove any substances of food or mucus from the stomach.

6. The patient can safely be nourished during the necessary period of time by means of nutrient enemata.

7. In case neither food nor cathartics are given from the beginning of the attack of acute appendicitis and gastric lavage is employed, the mortality is reduced to an extremely low percentage.

8. In cases which have received some form of food and cathartics during the early portion of the attack and are consequently suffering from a beginning diffuse peritonitis when they come under treatment, the mortality will still be less than four per cent. if peristalsis is inhibited by the use of gastric lavage and the absolute prohibition of all forms of nourishment and cathartics by mouth.

9. In this manner very dangerous cases of acute appendicitis may be changed into relatively harmless cases of chronic appendicitis.

10. In my personal experience no case of acute appendicitis has died in which absolutely no food of any kind and no cathartics were given by mouth from the beginning of the attack.

11. The mortality following operations for chronic appendicitis is exceedingly low.

12. Were peristalsis inhibited in every case of acute appendicitis by the methods described above—absolute prohibition of food and cathartics by mouth and use of gastric lavage—appendectomy during any portion of the attack could be accomplished with much greater ease to the operator and correspondingly greater safety to the patient.

Victor C. Vaughan (*Toledo Medical and Surgical Reports,* May, 1903), discusses the dietetic treatment of diabetes. After mentioning the various tests for sugar whereby the diagnosis is made with certainty, he takes up the question of ascertaining to what extent the patient's capacity for using carbohydrates is impaired. His method consists in the use of a graduated diet for one week in which the carbohydrates decrease from 330 gms. the first day to none on the seventh day, being gradually replaced by fats and proteids, the diet table containing relatively more fat and less proteid than those commonly followed. The patient continues the diet prescribed for the seventh day for several days following, during the last two of which the urine is tested for sugar. If it has disappeared the case is mild. Subsequent tests are made to find wherein the carbohydrates can be increased without reappearance of sugar, and a steady diet thus fixed he allows a certain amount of wine in his diet test, finding alcohol often useful in diabetes.

The difference between mild and severe cases is but of degree, excess in carbohydrate diet often converting a mild glycosuria into a severe type of the disease.

Dowd, (*American Medicine*, May 16, 1903), submits the following rules for the use of the urethral sound:

1. When the urethra has been involved by inflammation, specific, or otherwise, no instrument, and especially the steel sound, should be used until the urine is clear excepting for shreds or floating particles. (Prostatic plugs.)

2. The urethra should in all cases be flushed with antiseptic solution (formaldehyd, 1-3000) before the passage of any instrument. Following its withdrawal an astringent should be used, preferably silver nitrate 1-10000.

3. A sound should never be passed for at least three months following acute gonorrheal infection, and then only when the urine is as in No. 1.

4. When dilatation of a stricture will answer, sounds are increased in size according to the tissue forming the pathologic growth and its location. True gonorrheal strictures of the deep urethra may be dilated five or six numbers at each sitting, up to 18 or 20 F.; following this, two or three numbers should be the rule.

5. In case of traumatic or gonorrheal stricture in the pendulous urethra, or when the sound is followed by marked irritation, etc., cutting gives the best result.

6. When the contraction seems not to dilate without too much force, weekly treatments being followed by considerable irritation, making the interval 10 to 14 days is generally followed by the most gratifying results.

7. Stricture can be permanently eradicated. This occurs when, after dilating the circular muscles of the canal to their fullest extent, without rupturing, no bloody string is found in the washings after four to six dilations which have varied from one to four months apart.

John Cook Hirst (*American Medicine*, May 2, 1903), reports 122 cases of albuminuria and 48 of eclampsia as occurring in the maternity department of the University of Pennsylvania hospital during the last 13 years. He concludes that albuminuria is the most reliable indication of kidney insufficiency and that the quantitative estimation of urea is fallacious as a danger signal in women without albumin and of doubtful importance even when albumin is present.

Upon the discovery of albumin vigorous eliminative treatment is instituted, Basham's mixture and large draughts of water, cathartics and hot packs, with milk diet. If the albumin continues to increase despite treatment, induced labor is recommended. Of the 122 cases of albuminuria but 8 developed eclampsia, the remaining 40 cases reported being brought in in the ambulance. The total maternal mortality was 31.2 per cent., and the infant mortality 39.5 per cent.

Bronson (*Medical News*, April 18, 1903), reviews the etiology of the symptoms of itching and its treatment. Menthol in 2 to 4 per cent. alcohol solution is a valuable remedy. Of the local applications carbolic acid used strong is the most valuable and the most lasting in its effects, but its caustic effects must be guarded against.

The following combination is recommended:

℞ Liquor Potassi.....3i
Acid Carbolic.....3ii
Olei Verbenae.....mii
Olei Lini, q.s. ad.....℥i

SURGERY AND GYNEACOLOGY.

Cumston (*Philadelphia Medical Journal*, May 2, 1903), advocates the radical cure of inguinal hernia in infants and young children, quoting many authorities in support of his views, and reporting seven successful cases. He maintains that the operation is relatively as free from danger and

attended by as good results as in adults and concludes that the operation is indicated in all cases of strangulation, in all cases in which the contents of the sac cannot be retained by a truss, and in every case in which irritation of the skin is produced by the mechanical appliance, and in children of the poor who cannot receive the necessary and proper attention at their homes.

Gallant (*Philadelphia Medical Journal,* May 2, 1903), gives practical points, old and new, on pessaries. After pointing out the relative frequency of uterine displacements which, in his experience, occur in over 40 per cent. of women examined, he tells: (a) How to select the case for the pessary, and (b) How to select the pessary for the case. The normal uterus lies with fundus in contact with the roof of the bladder and cervix resting on or near the coccygeal apex bridging over the vulvar outlet to maintain and support the pelvic and abdominal viscera. The normal uterus is freely movable in all directions without pain. Contraction of the utero-sacral ligaments and pelvic adhesions impairing uterine mobility must be overcome by massage and tamponade until complete reposition is possible when a pessary can be filled.

Pessaries ought never to be used when there is present a purulent vaginitis; fixation of the uterus, ovaries or tubes, pus tubes or pelvic enlargements.

To determine the size and shape of a pessary, introduce two fingers within the canal (patient on her back) and note (1) the width of the posterior portion of the pubic arch; (2) separate the fingers, determine the width of the midvaginal canal; (3) the length from the pubic arch to the apex of the posterior fornix when the cervix is pushed backward and the fundus forward, and (4) make a mental note of the curve while the uterus is held in this position.

A solid rubber pessary when heated in boiling water can be moulded to any shape and fixed therein by immediately dipping in cold water.

However well fitted, a pessary should be removed once a month and thoroughly cleansed before replacement.

W. J. Mayo (*Medical Record,* February 21,1903), lays stress upon infection as a factor in causing gall-stones and especially in inciting recurrent attacks of colic. Many people have gall-stones without symptoms therefrom, but infection and defective drainage convert latent colculi into active ones. When once removed and drainage established stones do not re-form, for in over 2,000 operations there is no instance of recurrence. Early operation avoids many complications.

H. Schmitz (*O. Deut. Zeitschrift f. Chir.,* 1903, B. 66 H. 324), offers the following conclusions regarding the repair of wounded arteries: (1) Aseptic wound is absolutely essential; (2) smooth, clean margins of the wound, which may be separated readily, without very much tension; (3) the vessels to be sutured should not be too small. In man the politeal artery and the brachial artery are examples of vessels of suitable size; (4) the arteries should be carefully exposed, and not over too extensive an area; (5) under these conditions ordinary suture may succeed, either in longitudinal, transverse or flap wounds, without much laceration of the vessel, and also oblique wounds. Any wound must not involve more than half the circumference of the vessel. Fine silk or cat-gut may be used with a very small needle.

LABORATORY DIAGNOSIS.

Simon Flexner (*Philadelphia Medical Journal,* February 14, 1903), reviews the work done by Pearson and Filliland, who succeeded in obtaining a protection in animals from bovine tuberculosis, by inoculations with cultures of human bacilli. Trudeau protected rabbits and Guinea pigs from certain tuberculous infection by previous

inoculation with tubercle bacilli of diminished virulence. Theobold Smith demonstrated the difference between bovine and human tubercle bacilli, although it is conceded that there is no generic distinction between them. Prof. Behring, of diphtheria serum fame, has announced that after a series of experiments he has discovered a serum which gives to calves immunity to tuberculosis. He hopes that the same serum may be successful when applied to human beings.

For Laryngo-bronchial Irritation of Influenza. (Anders.)

℞ Codeinæ sulph..... 259 (gr. iv)
Ammon. chloridi...20 (ʒxv)
Syr. pruni. Virk....60 (ʒij)
Spts. junip. comp.
M ... q. s. ad.....120 (ʒiv)
Sig. One teaspoonful every two or three hours.

Intra-Tracheal Injection for Local Treatment of Bronchitis.

This has been found efficacious, as reported by Dr. Willis Anderson of Detroit. The formula consists of sterilized olive oil with 2 per cent. of quaiacol, 2 per cent. camphor and menthol. One drachm of this solution is heated and injected between the vocal cords, daily—and is especially indicated after the acute symptoms have subsided. Ichthyol, creosote and iodoform have also been used in 2 per cent. solution, either alone or with camphor menthol. Many patients are relieved from irritating cough and expectoration by a few treatments. The new intra-tracheal syringe by Dr. P. S. Downellan, of Philadelphia, which has lateral openings has an advantage over the open tip, being so constructed as to avoid the paroxysmal coughing. These solutions when made of albolene would also be inhaled into the bronchial tubes from a spray tube or nebulizer connected with a compressed air apparatus.

LARYNGOLOGY, OTOLOGY AND RHINOLOGY

For the bronchitis in the later stages of influenza, Hare's text-book recommends the following:

℞ Ammon. chlor..... 3 (gr. xl)
Tr. cubebæ .....30 (ʒj)
Syr. pruni Virg. q. s.
M ad .....120 (ʒiv)
Sig. One tablespoonful every three hours.

For the insomnia:

℞ Chloral hydrate...1 (gr. xv), or
Chloralamid .....2 (gr. xxx), or
M Sulphonal .....1 3 (gr. xx)
Sig. At one dose.

Fr stimulatin, throughout the attack:

℞ Strychninæ sulph. up to .03 (gr. 1-20)
Sig. Every four hours; (It is preferable to use smaller doses more frequently, *e. g.*, gr. 1-40 every two hours.)

For the vertigo and dizziness:

℞ Ext. ergotæ fld.....2 (ʒss)
Sodii bromid .....14 (gr. xx)
Sig. Take at one dose; repeat q. 3 hours.

For the constipation in the early stages:

℞ Castor oil .....150 (ʒss), or
Magnesii sulph.....150 (ʒss), or
Magnesii citratis....150 (ʒss)
Sig. At one dose.

For the constipation after the attack:

One teaspoonful of fluid extract of cascara at night.

Somebody with a taste for statistics has compiled the following concerning the London hospital: two million, five hundred thousand pills and three tons of cough lozenges are dispensed every year; ninety-two miles of lint, 476 miles of bandages and nine miles of plaster are used annually, together with six tons of cotton wool. The eggs used in a year, if placed end to end, would cover six and a half miles, and the hospital uses 1,000 pounds of ice and 400 siphons of soda water every day.

Prof. Arthur W. Goodspeed, of the University of Pennsylvania, has issued a formal statement of the discoveries he has made in connection with secondary radiation from the X-Rays. The statement was prepared by him for publication in the *Pennsylvanian,* the official organ of the university, and is as follows: "Having occasion last winter to examine critically some radiographic records, I was surprised to find the clear outlines of some metallic bodies that had been behind the plate during exposure. This recalled that I had been consulted once by somebody who had found similar anomalies, and that I had been unable to throw any light upon the subject. For obvious reasons I determined now to spare no trouble to hunt down the cause of the effect which I had observed, and after a series of upward of 100 progressive experiments I was convinced that when an X-Ray tube is in operation not only is every particle of matter which is impinged on by the X-Rays secondarily radiant, but that also in some cases this secondary radiation had in all probability imparted activity of some sort to air particles and to portions of the wall which had been impinged on directly by the primary rays.

"The cause, then, of the impressions on the plate of articles behind it was established. All of the later experiments leading up to this conclusion had been made with the Crookes tube completely inclosed in a dark box, eliminating thereby every trace of fluorescent emanations which one usually does not take the trouble to cut off and which are always emitted by the glass with which the bulb is made.

"Next, from a portion of the space outside the box, the X-Rays, which, of course, passed freely through the wood, were completely cut off by heavy lead plates, properly placed on the top of the box, and it was on these places, screened thereby from the X-Rays, that the radiographic films employed for receiving the records were placed. Above this, and to one side, freely accessible to the X-Rays, the various bodies were arranged, including zinc, brass, wood, my hand, and a variety of articles too numerous to mention. In every case unmistakable evidence of secondary action appeared upon the plate.

"Presuming, of course, that others besides myself may have been working along similar lines, I proceeded to look up carefully the literature on the subject in order, if possible, to determine what parts of the investigation, if any, might claim priority as well as originality. Two Frenchmen, Perrin and Sagnac, I found had demonstrated the property of secondary activity induced by the X-Rays, and along some lines of investigation had given some interesting quantitative value; and still a third Frenchman, Guillox, had demonstrated the possibility of using the hand as a secondary source.

"None of these three, however, seems to have excluded the optical fluorescence which always accompanies the X-Rays, unless special care is taken to cut it off, as already explained. Inasmuch as I found that an Englishman by the name of Townsend had demonstrated that some differences in numerical values given by Perrin and by Sagnac must have been due to a difference in the primary rays they employed, it seemed to me that putting everything in absolute darkness, from an optical point of view, and then experimenting in the night, thereby cutting off every trace of optical light, was a distinct step in advance of the work of the men referred to.

"In brief, then, it has been shown possible to produce secondary radiograms on a sensitized film, inclosed in a perfectly dark receptacle, by means of absolutely invisible emanations from various articles, including the human body, which have been excited by X-Rays generated within a black box in a perfectly dark room.

"This apparently startling conclusion loses much of its mystery when we contemplate that it is entirely proved at the present time that only about 2 per cent. of the radiant energy that comes to us from the sun is

capable of affecting the human eye. That bodies on the earth, therefore, while bathed in a portion of the other 98 per cent. may be capable of diffusing some of it is what any thoughtful person will admit.

"A piece of white paper is a beam of sunlight, or even in a space diffusely illuminated, as is the room of a house, receives a small portion of the 2 per cent. of the total energy incident upon its path, and diffuses again a small portion of what it receives, thereby making it visible to the eye. Why, then, might we not expect that a piece of zinc or copper favorably posed to receive a portion of the other 98 per cent., i. e., of the dark energy, should be capable of diffusing some part of that in such a way as to be objectively visible to some appropriately devised apparatus for observing it?

"It is to be noted in passing that the most favorable location for getting some of t[h]e 98 per cent. without some of the visible 2 per cent. is in a dark room. We have been using the word dark, of course, as applied to the human eye. It is quite possible, to my mind—entirely probable—that a mouse, and very likely a cat, could, if it had the proper intelligence, give us valuable assistance in rooms to us totally dark which are doubtless to them comfortably illuminated.

"In connection with the work just referred to, a somewhat painful personal experience seems to me to be suggestive as to the possible cause of the well-known inflammation which sometimes follows prolonged exposure to the X-Rays. A year ago I had occasion to sleep in the same room in which experiments had been conducted during the day. At the end of that time I left town, but developed at once an aggravated attack of inflammation of the eyes and throat, which yielded to treatment after a few days. During the first week of this month again I found it convenient to sleep in the same room where I had been conducting experiments during the day and evening. At the end of about the same time all the symptoms reappeared with which I suffered a year ago, with the same result—on changing sleeping rooms the difficulty at once disappeared.

"In drawing conclusions from these experiences, it must be noted that no trouble has been experienced in the meantime nor before, although I have frequently, during the last six weeks, spent several hours each day for a week or two at a time around the X-Ray apparatus. In the night the room had been nearly or quite closed, preventing free air circulation, and the potent protection of eye-glasses was wanting.

"I am forced, under the circumstances, to believe strongly that the immediate cause of the troublesome inflammations was the secondary emanations from the air or bodies in the room, or the human body itself, rather than the primary X-Rays. This theory would, of course, necessitate the assumption that the activity lasts for an appreciable time after the exciting cause has ceased.

"To prove this by objective experiment would indeed be difficult, since the ions developed by the passage of the X-Rays through the air are, of course, present for a considerable time after the cessation of the rays, and the electroscope, which would be expected to indicate the activity sought, would be discharged by these ions, and we would still be in the dark."

The *New York Times* has the following editorial comment to make on Gov. Odell's signing the Goodsell-Bedell bill: The approval by Gov. Odell of the Goodsell-Bedell bill ends for the present the work of public-spirited citizens of New York State in combatting and restricting the ravages of consumption. It will be practically impossible to secure for the location of a hospital the concurrent approval of the town authorities and the County Supervisors. Local interests will be arrayed against such institutions, through a mistaken idea of their danger, and it will be many years, unless this unfortunate law is repealed, before either local or State sanitary administra-

tions can do anything effective in checking the spread of a disease which is doing immeasurable harm to the population of our cities, and scarcely less so proportionately to those of the rural districts.

There is reason to think that the approval of the Governor was given to this measure under a misapprehension. In his approving indorsement he says:

"Under existing law municipalities of the first class are not permitted to establish such hospitals outside of their own limits in cities or in incorporated villages or in towns without the consent of the local Board of Health and the approval of the State Commissioner of Health. This bill substitutes for the State Commissioner of Health the local Board of Supervisors of the county, and for the local Board of Health the Town Board, etc."

This would seem to be erroneous. The consent of Town Boards and County Supervisors is not substituted for that of the local Board of Health and the State Commissioner of Health. It is added thereto. It now devolves upon those who have been doing missionary work of tuberculosis control to begin all over again and create a wholesome public sentiment in favor of putting this matter under the control of a commission of experts. The less that laymen have to do with the great problems of State medicine the better for the people of New York.

The tendency of the age toward consolidated agitation against conditions that are believed to be inequitable is strikingly illustrated by the situation in Germany and in New Zealand, with physicians as interested parties in both cases. In Germany, where labor conditions receive so much attention at the hands of the government, the physicians are revolving the question of whether or not they shall take joint action to secure higher fees from the workingmen's clubs, which have been formed with securing cheap medical attendance as one of their objects. In Auckland, New Zealand, where the workingmen's clubs also exist, the clubs have joined in an attempt to lower the fees now paid to physicians for work of this kind. The German National Physicians' League has announced that it will make a united stand against the workingmen's societies on July 1, and the New Zealand societies have declared that they will no longer go to physicians at the regular rates in force up to the present time. The success of either organization in either place should lead to imitative action in other parts of the world, and the results are therefore looked forward to with considerable interest.

The *Minneapolis Journal* publishes a report (unofficial) of a test made at one of the Minneapolis pumping stations of the city water department, for the purpose of aerating the water and destroying the bacteria therein with a strong current from a dynamo. Dr. Corbett, the bacteriologist of the city, is said to think well of the plan, and the claim is made that at least 70 per cent. of the germs in the water were rendered harmless by this method, which is the device of an employe in the water department. The water is simply run into a tank on the floor of the pumping-house and aerated by two air pipes. At the same time it is subjected to an electric current of 400 volts. The inventor claims that his scheme will provide for the absolute purification of the city water, but physicians are still a trifle skeptical on this point.

Partially as a result of the expressed interest of the king of Great Britain and Ireland in the possibility of finding a cure for cancer, eminent physicians are working on the problem at the Middlesex hospital in London, England. The workers have the advantage of the latest and most improved electrical and other appliances, and there is an abundance of clinical material. There are forty-nine cases of cancer in the hospital at present, of which forty are women, and

the experimenters are working with the high frequency currents, the Cooper Hewitt mercury lamp and the Dowsing heat bath device. The latter consists of the application of dry heat to patients who are practically covered with asbestos up to the neck. Nothing definite has been given out in the form of clinical reports as yet.

Words come from Paris, France, that Dr. E. Charles Wendt, formerly a well known physician of New York, suicided in his Parisian apartments on May 26 last. Temporary insanity is given as the cause for Dr. Wendt's crime. Dr. Wendt was an authority on sanitation and for the past seven years has been pursuing his studies along his chosen speciality in Europe. He was the author of many valuable papers along this line, and was at one time actively engaged in editorial work with Dr. George F. Schrady on the *Medical Review*. Ten years ago he wrote a scientific treatise on the cholera scare which existed in New York City at the time.

Director Martin, of the Philadelphia Hospital, is credited with the origination of a novel and possibly useful idea in connection with the treatment of tuberculosis. He has planned to make use of the roofs of some of the high buildings of the city as a place for consumptives, where fresh air may infallibly be secured. The roofs will be fitted up with awnings and beds, and patients will be permitted to be in the open air for at least nine hours a day. This treatment will be applied to all the tuberculosis patients who are now under the care of the city of Philadelphia. The plan is at least worth trying.

The British commission which has for its object the fighting of tuberculosis has already recommended some rigorous laws. Some of the points proposed are: Reporting of cases to the authorities; compulsory confinement of recalcitrant patients in special institutions; the prohibition of exposed persons acting as nurses, teachers or physicians; and lastly, but by no means least, the erection of phthisis hospitals, half the expense to be borne by the government and the very poor to be treated without cost to them.

Secretary Bryce, of the Provincial Board of Health for Ontario in his report to the board of May 28 last, dwelt at some length on the outbreak of scarlet fever which had occurred in the province, originating at Galt. Death resulted in thirteen cases out of 142, and the secretary recommends drastic measures. Since the outbreak of scarlet fever in the province the first of the year there have been 350 deaths, a very high mortality, and it seems as if the most radical measures were justifiable.

Dr. Samuel A. Mathews, of the University of Chicago, is said to have discovered a cure for tetanus and uremia. Experiments have been carried on with a new treatment, said to consist of calcium chloride, sodium chloride, sodium sulphate and sodium citrate, administered in large dosage, hypodermically. The doctor is working along the lines suggested by Dr. Jacques Loeb, that the action of inorganic salts has an electrical and revivifying effect on the system.

Prairie du Chien, Wisconsin, is the site of a new $100,000 sanitarium, which expects to be open for the reception of patients about the 16th of this month. A large amount of money has been spent in beautifying the grounds of the handsome buildings.

The thirty-ninth annual meeting of the Homeopathic Medical Society of Wisconsin was held in Oshkosh, Wisconsin, on May 27 and 28 last. About 100 physicians were present.

Eighty new cases of small-pox were reported to the Wisconsin state board of health in one week last month. The disease is said to be appearing in a mild form.

BOOK REVIEWS

Veasey's Ophthalmology. A Manual of Diseases of the Eye. For Students and General Practitioners. By Clarence A. Veasey, A. M., M. D., Demonstrator of Ophthalmology in Jefferson Medical College, Philadelphia. 12m. Pages, 410, with 194 engravings and 10 full-page colored plates. Cloth, $2.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This new work of Dr. Veasey should prove of much interest to the student and to the general practitioner, to both of whom the book is addressed. No one would be worse off to know its contents, and while it is of course not so comprehensive as the larger text-books on the same subject which are addressed to specialists, yet a deal of useful and authoritative information has been put into its four hundred odd pages. Teachers should make good writers of medical books, and when they do not the result is in spite of, rather than because of, the experience they have had as lecturers. A college instructor must crowd all that he can into the time allotted him for addressing his classts; and Dr. Veasey has left the non-essentials well to one side, furnishing his reader with the necessities only.

The publishers have stood solidly behind the author, presenting the book with careful press-work, good paper and wide margins, together with about 200 engravings and ten full-page plates in colors that are admirable examples of what book illustrations should be. For the price the book is excellent, and practitioners who have to deal with diseases of the eye in their general work will find it to their advantage to secure a copy.

Diseases of the Heart and Arterial System. By Robert H. Babcock, A. M., M. D., Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons (Medical Department of the Illinois State University), Chicago; Attending Physician to Cook County Hospital and Cook County Hospital for Consumptives, Etc., Etc. With three colored plates and 139 Illustrations. Pages, 831. Price, Cloth, $6.00 net. D. Appleton & Company, Publishers, New York and London.

This book must be of peculiar interest to the practitioner who is desirous of getting a good working knowledge of diseases of the heart. Certainly there is much contained in the text that cannot fail to be of real interest and value to the physician, while the arrangement and plan of the work are such that whatever is written on a given subject is readily found by the reader. Insurance examiners will find much to help them in their work of diagnosis, for Dr. Babcock has devoted considerable space to this important topic, and has cited a number of instructive cases to emphasize important points both in diagnosis and treatment. His twenty years' active service in practice and in teaching of this particular subject gives what he says weight and authority, and while there is nothing disagreeably demagogic in his writing, he writes like a man who knows what he is talking about. Babcock's own success as a diagnostician in his practice lends its influence toward making the reader go carefully over what the author has to say on the subject of symptoms and differentiation. The lines of treatment are judiciously laid down, and the doctor is a forceful writer. The closing sentences of his book, in which he is speaking of anerurism of the thoracic aorta, advocate the use of sufficient morphine to promote euthanasia in hopeless cases. "I certainly should not hesitate under such circumstances," he says, "to inject a dose that would hasten the patient's death."

A brief appendix takes up the matter of mechanical devices as aids in determining the existence and nature of cardiac disease. The book as a whole is handsomely illustrated and published.

Obstetrics. A Text-Book for the Use of Students and Practitioners. By J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University; Obstetrician-in-Chief to the Johns Hopkins Hospital; Gynecologist to the Union Protestant Hospital, Baltimore, Md. With Eight Colored Plates and Six Hundred and Thirty Illustrations in the Text. Pages, 815. Price, Cloth, $6.00. D. Appleton & Co., Publishers, New York and London.

The position in the world of medicine occupied by Prof. Williams would be sufficient to commend his book to the thoughtful consideration of the members of the medical profession, even if the work itself did not bespeak their ready interest. There has been more or less adverse comment recently published in the medical press, concerning the questionable value of profuse illustration in medical works. This objection is done away with in the volume under consideration, for the illustrations really illustrate and illumine the text. The plan of the work is admirably conceived for the convenience of the reader, be he student or practitioner; it is logical and convincing. Prof. Williams begins at the beginning, and before he has finished he gives the careful reader a comprehensive knowledge of the broad subject of obstetrics. The care of the mother and of the child, in all the stages of their intimate relation, is carefully taken up, and due regard is given to each step. An especially valuable section is that on the management of the woman in labor, and here the illustrations will be found of the greatest value. It is a book which we can confidently recommend to our readers. Its language and illustrative points are not too complex for the student, while the obstetrician must be old indeed if he can learn nothing from it.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Etc., Etc.; assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Department of the Jefferson Medical College Hospital. Vol. I. March, 1903. Surgery of the Head, Neck and Chest—Infectious Diseases, Including Acute Rheumatism, Croupous Pneumonia, and Influenza—Diseases of Children—Pathology—Laryngology and Rhinology—Otology. Lea Bros. & Co., Publishers, Philadelphia and New York, 1903. Pages, 438.

Full of good things, as usual. The year has thus far been so full of important developments that this work is of greater interest than ever. The contributors to the present volume are Floyd M. Crandall, M. D., Charles H. Frazier, M. D., Ludvig Hektoen, M. D., James B. Herrick, M. D., Robert Randolph, M. D., and A. Logan Turner, M. D., and each handles his allotted subject in a masterly manner. Herrick has an especially interesting short article on malaria.

The International Medical Annual. A Year-Book of Treatment and Practitioners' Index. 1903. Twenty-first year. Pages, 712. Price, Cloth, $3.00. E. B. Treat & Co., Publishers, 241-243 West 23rd St., New York.

This valuable addition to the physician's reference library is full of good things this year. The activity along therapeutic and surgical lines of procedure has made the year of 1902 a pro-

lific source of interest to the thoughtful physician. The contributors to the Annual include Hobart Amory Hare, Boardman Reed, A. D. Rockwell and other well known American practitioners and teachers, while England is well represented by authorities. The seven hundred odd pages of the book teem with interesting reports, and not a few illustrations add to the general interest. The man who reads will find food for thought and the price at which it has been placed puts it within the reach of everyone. We can recommend it.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Etc., Etc. Edited by A. O. J. Kelly, A. M., M. D., of Philadelphia. With the Collaboration of Wm. M. Osler, M. D., Baltimore; John H. Musser, M. D., Philadelphia; Jas. Stewart, M. D., Montreal; John B. Murphy, M. D., Chicago; Thomas M. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Edmund Landolt, Paris; Richard Kretz, M. D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol I. Thirteenth Series, 1903. Pages, 300. Price, Cloth, $2.00 net. J. B. Lippincott Co., Publishers, Philadelphia, 1903.

A change is noted in the editorial force of this valuable medical periodical, which come a trifle late this year. Dr. Kelly succeeds Dr. Henry W. Cattell as editor, and he has associated with him as new collaborators Osler, Musser, James Stewart, John G. Clark and Richard Kretz, of Vienna. The style and manner of the book are unchanged and it is as usual an invaluable guide to the busy practitioner as may be necessary. There are several who likes to keep abreast of the times with as little reading as may be necessary. There are several of these periodical publications in medicine, all with the same general aim, and this series is one of the best we know. The editors are authorities on the subjects on which they have been selected to write, and their writings have been well illustrated and published. All branches of medicine and surgery, including the important specialties, are handled in a comprehensive but compact style, and the book makes what Horace Greely would have called "mighty interesting reading."

The July number of the series has some especially good things promised for it. The low price of the books is greatly in their favor, and last year the series was greatly oversubscribed.

Fresh Air for Consumptives.—Dr. Arthur Lathan, in his prize essay about the King's Sanitarium for Tuberculosis, for which he received first place and £500, handles the subject of the treatment of consumption in a masterly manner. He very properly denounces the indiscriminate and simultaneous giving of numerous compound mixtures, to illogically attempt to subserve the stimulation or substitution of certain bodily functions. His positive and sensible stand is in favor of placing the patient under the best possible conditions to let nature fight the battle for herself, on the ground that medicine has not yet discovered the means of doing so directly. Above all things is it necessary to give the patient unlimited fresh air, sunshine and the very best and most nourishing foods, of a nature and prepared to his liking, in as large amounts as he can comfortably digest and assimilate.—(*Medical Review of Reviews.*)

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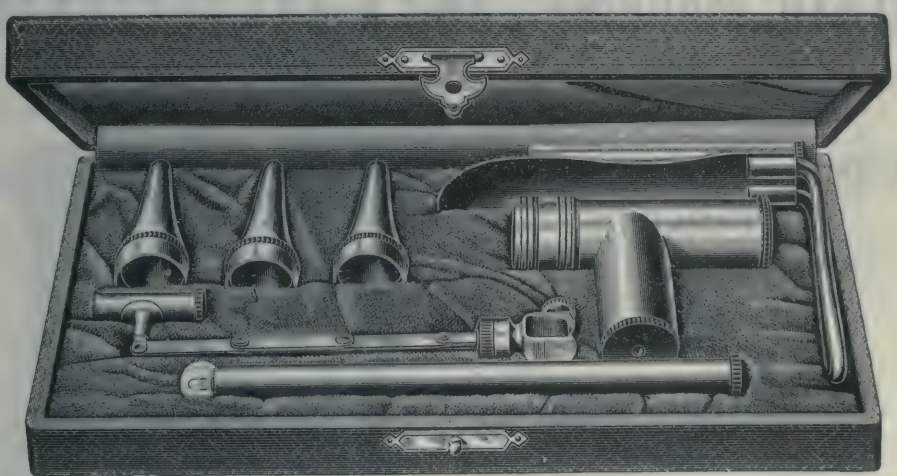

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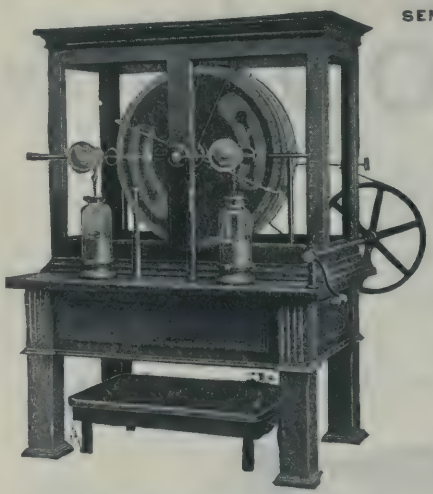

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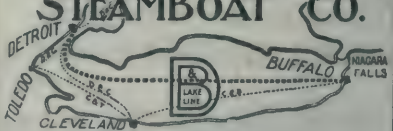

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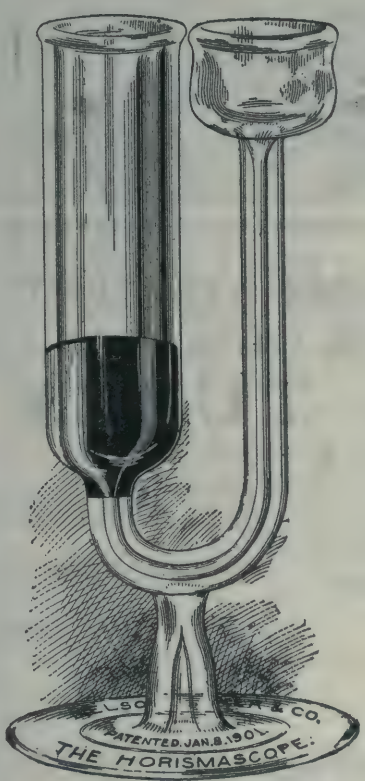

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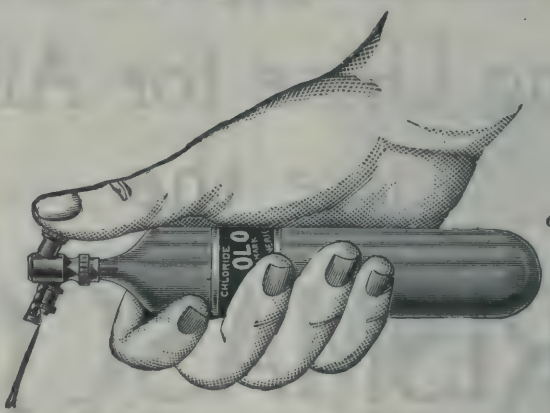

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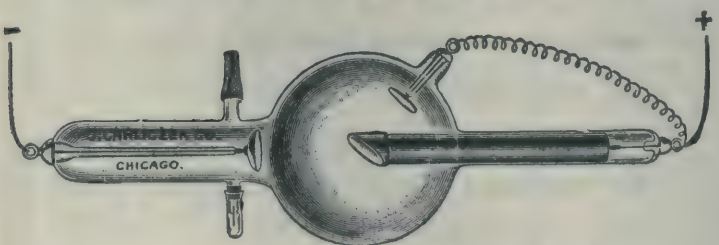

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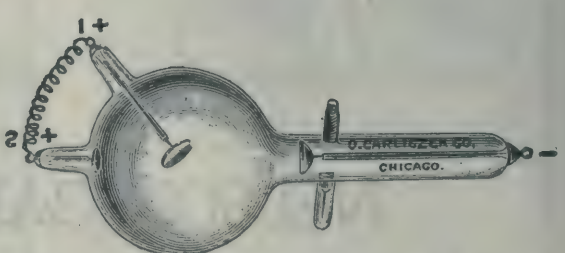

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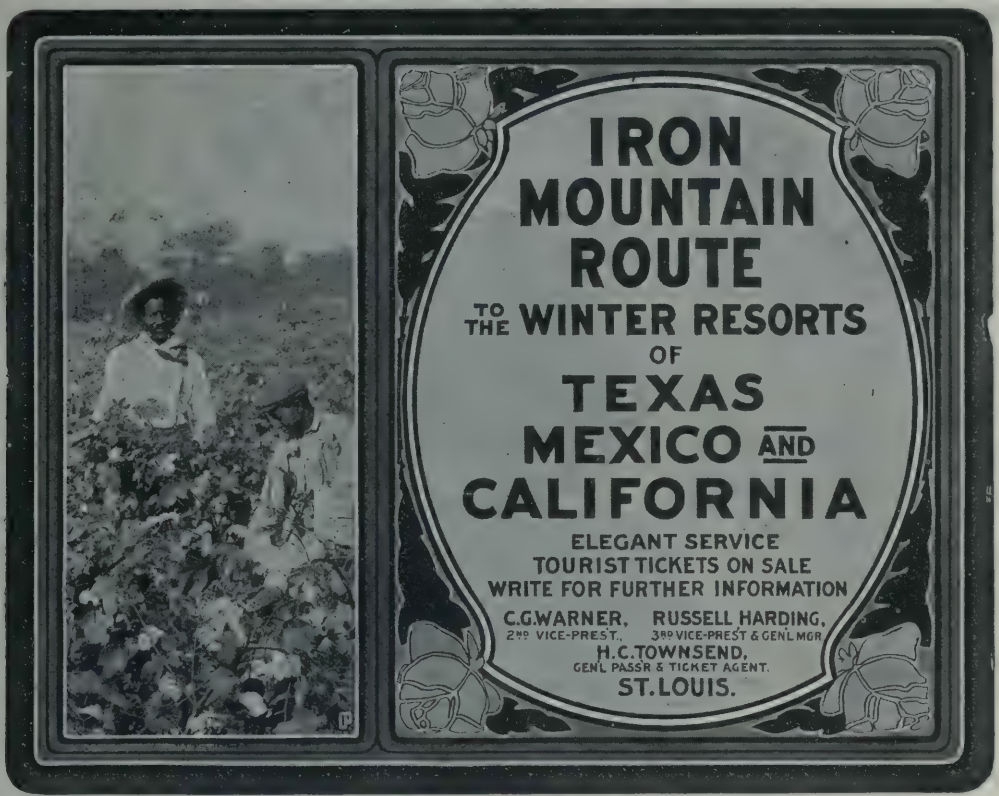

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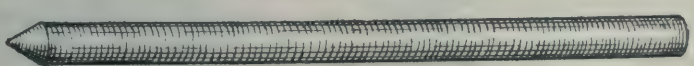

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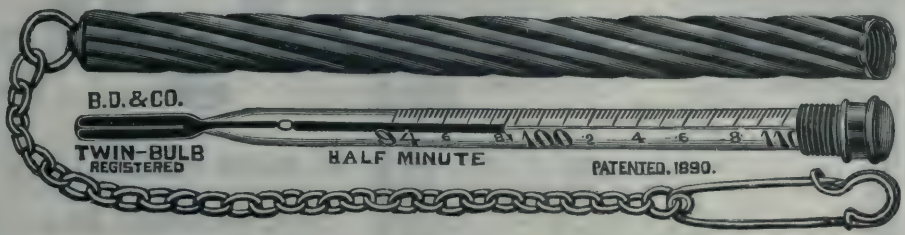

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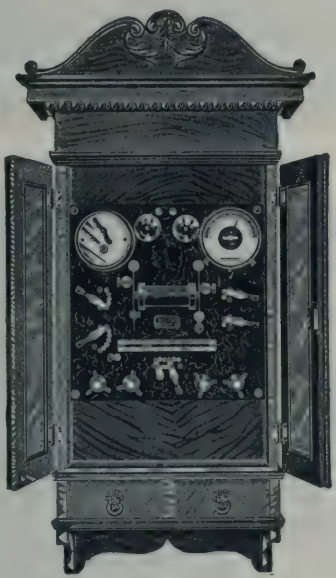

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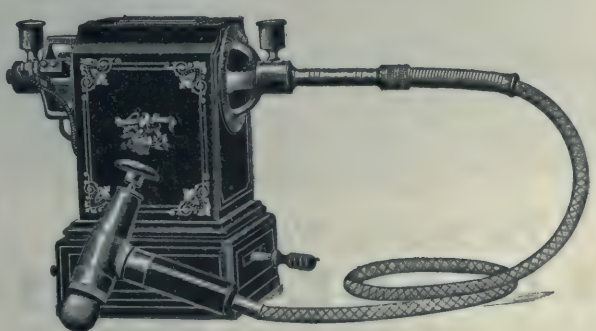

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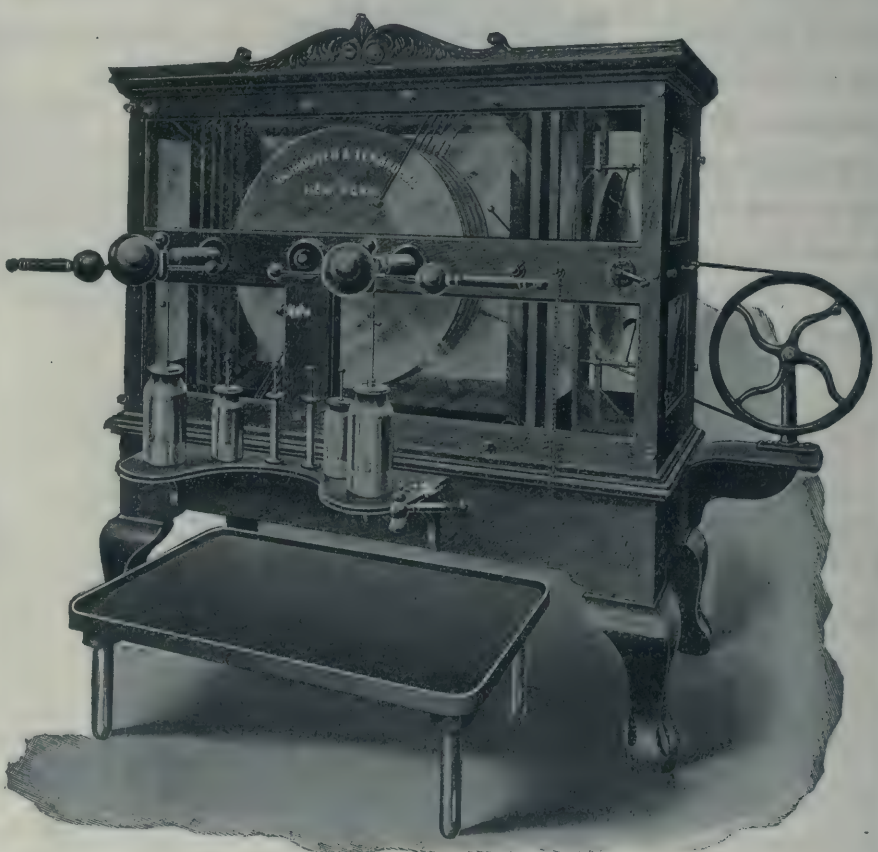

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Anticonstipation (Waugh's Laxative)	100	10c.	500	30c. 1,000	.55
Triple Arsenates	100	16c.	500	65c. 1,000	1.25
Triple Arsenates with Nuclein	100	32c.	500	$1.28 1,000	2.50
Saline Laxative	per can	35c.	Per dozen		4.00
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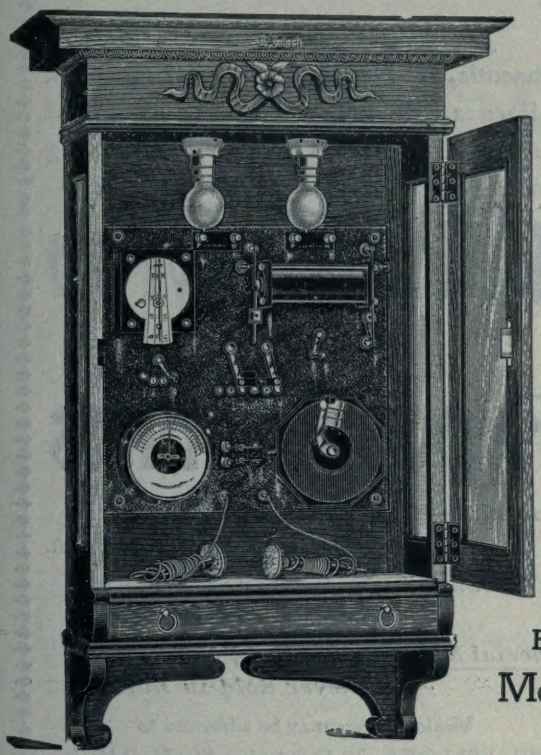

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